

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V34198

(4)

1. Corporation Name

MCINTOSH FOOD STORES, INC.

Principal Place of Business

NE CORNER HWY RTT & AVE F
MCINTOSH FL 32664
US

Mailing Address

RT 1 BOX 504
ANTHONY FL 32617
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/04/1992

3a. Date of Last Report

05/01/1994

4. FBI Number

59-3121192

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 190.002,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

N.E. Corner Hwy 441 & Ave "F"

City & State

23

Zip

County

Marion

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

County

Marion

9. Name and Address of Current Registered Agent

WIECHENS, EUGENE A.
445 NE 8TH AVE.
OCALA FL 32670

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: Type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP

MORRIS, GERALD J

9701 NE JACKSONVILLE RD

ANTHONY FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VST

BLISS, FOREST J

1003 D W GLENEAGLE RD

OCALA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE

☐ Change

☒ Addition

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY - ST - ZIP

32617

2 1 TITLE

☐ Change

☒ Addition

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY - ST - ZIP

34472

3 1 TITLE

☐ Change

☐ Addition

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY - ST - ZIP

4 1 TITLE

☐ Change

☐ Addition

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY - ST - ZIP

5 1 TITLE

☐ Change

☐ Addition

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY - ST - ZIP

6 1 TITLE

☐ Change

☐ Addition

6 2 NAME

6 3 STREET ADDRESS

6 4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of this corporation or the registered agent or a person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gerald J Morris - Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

(Date)

904-368-1668

(Signature Printed)