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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **V48234** **(1)**

1. Corporation Name

**MANATEE FOOD STORES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5900 MANATEE AVENUE WEST<br>BRADENTON FL 34209 | 5900 MANATEE AVENUE WEST<br>BRADENTON FL 34209 |

3. Date Incorporated or Qualified: 06/29/1992
3a. Date of Last Report: 04/28/1995

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 3250 LAKE ALFRED RD | 26 3250 LAKE ALFRED RD |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: WINTER HAVEN, FL | 28 City & State: WINTER HAVEN, FL |
| 24 Zip: 33881 25 Country: POLK | 29 Zip: 33881 30 Country: POLK |

4. FEI Number: 65-0346322 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| PATEL, KAMAL<br>5900 MANATEE AVENUE WEST<br>BRADENTON FL 34209 | 81 Name: SAME<br>82 Street Address (P.O. Box Number is Not Acceptable): 3250 LAKE ALFRED RD<br>83<br>84 City: WINTER HAVEN FL 85 Zip Code: 33881 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: KAMAL PATEL - REGISTERED AGENT X _____ DATE: 4/23/96
Signature, type or print name of registered agent and title if applicable — (R.A.) Registered Agent Signature — Date

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PATEL, KAMAL<br>6904 MANATEE AVE W #31A<br>BRADENTON FL | ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | ☑ Change ☐ Addition<br>4305 MAHOGANY RUN SO EAST<br>WINTER HAVEN, FL 33884 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PATEL, RAJESHRI K.<br>6904 MANATEE AVE W #31A<br>BRADENTON FL | ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | ☑ Change ☐ Addition<br>4305 MAHOGANY RUN SO EAST<br>WINTER HAVEN, FL 33884 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PATEL, MRUGESH K.<br>6904 MANATEE AVE W #31A<br>BRADENTON FL | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | ☑ Change ☐ Addition<br>4106 MAHOGANY RUN SO EAST<br>WINTER HAVEN, FL 33884 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | 000001833700<br>-05/22/96--01013--022<br>***200.00<br>☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | 5-J-96<br>☐ Change ☐ Addition |

CR2E034 (12/95)

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)(i), 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 the corporation or the receiver or trustee empowered 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:** X _____ PATEL KAMAL [PRESIDENT] 4/23/96 941-291-3221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OFFICER