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 # **V68094** **(4)**

1. Corporation Name
ABC SUPERMARKET OAKRIDGE, INC.

Principal Place of Business
6500 CARRIER DRIVE
ORLANDO FL 32819-8200
US

Mailing Address
6500 CARRIER DRIVE
ORLANDO FL 32819-8200
US

3. Date Incorporated or Qualified: 10/01/1992
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 4288 L.B. McLEOD ROAD
Suite, Apt. #, etc. 22
City & State 23 ORLANDO, FLORIDA
Zip 24 32811-5680 Country 25

2a. Mailing Address
26 4288 L.B. McLEOD ROAD
Suite, Apt. #, etc. 27
City & State 28 ORLANDO FLORIDA
Zip 29 32811-5680 Country 30

4. FEI Number 59-3373548 ~~NOT APPLICABLE~~ 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
MANGHNANI, A.J.
6500 CARRIER DR.
ORLANDO FL 32819

10. Name and Address of New Registered Agent
81 Name MANGHNANI, J. K.
82 Street Address (P.O. Box Number is Not Acceptable) 4288, L.B. McLEOD ROAD
83
84 City ORLANDO FL 85 Zip Code 32811-5680

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 X [signature] 1-23-96
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☑ DELETE
NAME	MANGHNANI, A. J.	
STREET ADDRESS	6500 CARRIER DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
1.2 NAME	MANGHNANI, J.K.	
1.3 STREET ADDRESS	4288 L.B. McLEOD ROAD	
1.4 CITY-ST-ZIP	ORLANDO, FL, 32811-5680	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 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 [signature] 1-23-96 1-407-422-2450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
FAX - 1-407-422-4107

CR2E034 (12/95)