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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **V70252** **(4)**

1. Corporation Name
JIFFY FOOD MART, INC.

Principal Place of Business	Mailing Address
214 N. MAIN ST. CHIEFLND FL 32626	214 N. MAIN ST. CHIEFLND FL 32626-0802

3. Date Incorporated or Qualified: 10/07/1992	3a. Date of Last Report: 03/26/1996
4. FEI Number: 59-3147218	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 2298
Suite, Apt. #, etc.: 22 204 N. Main Street	Suite, Apt. #, etc.: 27
City & State: 23 Chiefland, FL.	City & State: 28 Chiefland, FL.
Zip: 24 32626 Country: 25 Levy	Zip: 29 32644 Country: 30 Levy

9. Name and Address of Current Registered Agent

BEAUCHAMP, GREGORY V.
107 EAST PARK AVE.
CHIEFLND FL 32626

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: SMITH, WHITNEY S		1.2 NAME	
STREET ADDRESS: NORTH MAIN ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP: CHIEFLND FL 32626		1.4 CITY-ST-ZIP	
TITLE: STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME: SMITH, JAMES H		2.2 NAME	
STREET ADDRESS: EAST 27 ALT.		2.3 STREET ADDRESS	
CITY-ST-ZIP: CHIEFLND FL 32626		2.4 CITY-ST-ZIP	
TITLE:	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME:		3.2 NAME	
STREET ADDRESS:		3.3 STREET ADDRESS	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP	
TITLE:	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE:	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #