

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V70404**

(1)

1. Corporation Name

THE GENDRON CORPORATION

Principal Place of Business

**3275 HILLMONT CIRCLE
ORLANDO FL 32817**

Mailing Address

**3275 HILLMONT CIRCLE
ORLANDO FL 32817**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1992

3a. Date of Last Report

10/19/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3146488

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

**GENDRON, JESSE
3757 HILLMONT CIRCLE
ORLANDO FL 32817**

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 607.0605 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of Agent or Director)

(Signature of Agent or Director)

AT:

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	D GENDRON, NORMAN JEAN
2. STREET ADDRESS	3275 HILLMONT CIRCLE
3. CITY, ST, ZIP	ORLANDO FL
4. NAME	
5. STREET ADDRESS	
6. CITY, ST, ZIP	
7. NAME	
8. STREET ADDRESS	
9. CITY, ST, ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	
14. STREET ADDRESS	
15. CITY, ST, ZIP	

1. NAME	Jesse J. Gendron	☒ Change ☐ Addition
2. NAME	3275 Hillmont Circle	
3. STREET ADDRESS	Orlando, FL 32817	
4. CITY, ST, ZIP		
5. NAME		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. NAME		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. NAME		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.07(3)(b), 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. 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 13, or is changed, or is an attachment with an address.

SIGNATURE:

(Signature and Type or Printed Name of Signing Officer or Director)

5/1/95 407-6786700
(System Number)

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V70956**

(0)

1. Corporation Name:

E-Z FOOD MART & DELI, INC.

TALLAHASSEE, FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/14/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3145915** 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:

1805 E. SEMORAN BLVD.

APOPKA FL 32703

2a. Mailing Address:

1805 E. SEMORAN BLVD.

APOPKA FL 32703

21. State Apt. # etc.

26. State Apt. # etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

25. Country

30. Country

9. Name and Address of Current Registered Agent

GHAITH, DAOUD
1805 E SEMORAN BLVD
APOPKA FL 32703

10. Name and Address of New Registered Agent

81. Name:

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

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0607 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 607.1509, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	GHAITH, DAOUD M
STREET ADDRESS	1805 E. SEMORAN BLVD.
CITY, ST, ZIP	APOPKA FL
TITLE	VPTS
NAME	GHAITH, IKRAM M
STREET ADDRESS	1805 E. SEMORAN BLVD.
CITY, ST, ZIP	APOPKA 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	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 as an attachment with an address.

SIGNATURE: *X. Ghaith*
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-95

407.880-8005