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Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90041 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V73983

1. Corporation Name
PERRY QUALITY DISCOUNT MEAT & GROCERY, INC.

Principal Place of Business 1115 W JEFFERSON ST QUINCY FL 32351	Mailing Address 200 N. WASHINGTON STREET PERRY FL 32347 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 705 S. Byron Butler Pkwy 27 Suite, Apt. #, etc. 28 Perry, FL 29 32347 30 Taylor
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3. Date Incorporated or Qualified 10/23/1992	4. FEI Number 59-3143774	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KIRK, MARK
200 NORTH WASHINGTON ST.
PERRY FL 32347

10. Name and Address of New Registered Agent

81 Name **Kirk, Mark**
 82 Street Address (P.O. Box Number is Not Acceptable) **705 S. Byron Butler Parkway**
 83
 84 City **Perry** FL 85 Zip Code **32347**

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 Mark Kirk **Mark Kirk, vice president** DATE **4/3/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	WEBER, GLENN R.	
STREET ADDRESS	RT 4 BOX 1238	
CITY-ST-ZIP	QUINCY FL	
TITLE	VP	
NAME	KIRK, MARK	
STREET ADDRESS	200 N. WASHINGTON STREET	
CITY-ST-ZIP	PERRY FL	
TITLE	ST	
NAME	WEBER, VIVIAN	
STREET ADDRESS	ROUTE 4, BOX 1238	
CITY-ST-ZIP	QUINCY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: Mark Kirk **Mark Kirk** DATE **4/3/99** DAYTIME PHONE # **(850) 838-1261**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)