

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000067283

Entity Name: NAPLES SUPERMARKET CORP**Current Principal Place of Business:**50 WILSON BLVD S
NAPLES, FL 34117**Current Mailing Address:**50 WILSON BLVD S
NAPLES, FL 34117**FEI Number:** 84-2906069**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSINESS PLUS TAX SOLUTIONS INC
5258 GOLDEN GATE PKWY
106
NAPLES, FL 34116 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|------------------|
| Title | P |
| Name | CAZOLA, RAMIRO |
| Address | 102 DORAL CIRCLE |
| City-State-Zip: | NAPLES FL 34113 |

| | |
|-----------------|---------------------|
| Title | VP |
| Name | MATO, CANDIDO S |
| Address | 1832 17TH STREET SW |
| City-State-Zip: | NAPLES FL 34117 |

| | |
|-----------------|---------------------|
| Title | T |
| Name | MATO, CANDIDO S |
| Address | 1832 17TH STREET SW |
| City-State-Zip: | NAPLES FL 34117 |

| | |
|-----------------|------------------|
| Title | S |
| Name | CAZOLA, RAMIRO |
| Address | 102 DORAL CIRCLE |
| City-State-Zip: | NAPLES FL 34113 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RAMIRO CAZOLA

PRESIDENT

06/18/2020

Electronic Signature of Signing Officer/Director Detail_____
Date