

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 7-11-00 904-253-9085  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7. Name and Address of New Registered Agent	
P.O. Box Number is Not Acceptable)	
FL	Zip Code

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00** May Be Added to Fees

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

7-11-00 904-253-9085  
Date Daytime Phone #

Attachment  
J34436  
AD068603

JULY 11, 2000

FLORIDA DEPT OF STATE  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

RE: CORPORATION ANNUAL REPORT

ENCLOSED IS OUR \$150.00 CHECK IN PAYMENT OF OUR 2000 UNIFORM  
BUSINESS REPORT.

WE DID NOT RECEIVE A FIRST NOTICE OF THIS REPORT, THEREFORE,  
WE ARE NOT PAYING THE ADDITIONAL PENALTY FOR LATE PAYMENT.

OUR NAME: 4M FOOD MART, INC.

ADDRESS: 740 RIDGEWOOD AVE.  
DAYTONA BEACH, FL 32114

FEI # : 59-2741448

SIGNED: X

  
PRESIDENT