

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000036369 (5)**

1. Corporation Name  
**OAKFIELD GROCERY N. P., INC.**



Physical Place of Business: **6680 NORTH PALAFOX ST. PENSACOLA FL 32503**  
Mailing Address: **6680 NORTH PALAFOX ST. PENSACOLA FL 32503**

3. Date Incorporated or Qualified: **05/20/1993**  
3a. Date of Last Report: **06/22/1995**  
4. FEI Number: **59-3181497**  
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: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PHAM, TRUONG  
6680 NORTH PALAFOX ST  
PENSACOLA FL 32503**

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 607.0102 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

Signature of Registered Agent (to be signed by agent or authorized officer)

Signature of New Registered Agent (to be signed by agent or authorized officer)

DATE

12. OFFICERS AND DIRECTORS

11. TITLE	<input type="checkbox"/> DELETE
12. NAME	<b>D PHAM, TRUONG</b>
13. STREET ADDRESS	<b>2905 LOGAN DR.</b>
14. CITY-STATE-ZIP	<b>PENSACOLA FL 32503</b>
15. TITLE	<input type="checkbox"/> DELETE
16. NAME	<b>D NGUYEN, THOA</b>
17. STREET ADDRESS	<b>2905 LOGAN DR.</b>
18. CITY-STATE-ZIP	<b>PENSACOLA FL 32503</b>
19. TITLE	<input type="checkbox"/> DELETE
20. NAME	<b>D NGUYEN, QUANG</b>
21. STREET ADDRESS	<b>238 CREEK VIEW DR.</b>
22. CITY-STATE-ZIP	<b>PENSACOLA FL 32503</b>
23. TITLE	<input type="checkbox"/> DELETE
24. NAME	<b>D PHAM, TOAN</b>
25. STREET ADDRESS	<b>238 CREEK VIEW DR.</b>
26. CITY-STATE-ZIP	<b>PENSACOLA FL 32503</b>
27. TITLE	<input type="checkbox"/> DELETE
28. NAME	
29. STREET ADDRESS	
30. CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
35. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
36. NAME	
37. STREET ADDRESS	
38. CITY-STATE-ZIP	
39. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
40. NAME	
41. STREET ADDRESS	
42. CITY-STATE-ZIP	
43. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
44. NAME	
45. STREET ADDRESS	
46. CITY-STATE-ZIP	
47. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
48. NAME	
49. STREET ADDRESS	
50. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Truong Van Pham* **TRUONG V. PHAM** 2/22/96 (904) 478-9586  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)