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Secretary of State

03-08-1999 90075 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000036369

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

Principal Place of Business 6680 NORTH PALAFOX ST. PENSACOLA FL 32503 Mailing Address 6680 NORTH PALAFOX ST. PENSACOLA FL 32503



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/20/1993 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 owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent PHAM, TRUONG 6680 NORTH PALAFOX ST PENSACOLA FL 32503 10. Name and Address of New Registered Agent 81 Name 82 Street Address 83 84 City FL 85 Zip Code

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 (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 columns: OFFICERS AND DIRECTORS (12) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Rows include names like PHAM, TRUONG, NGUYEN, THOA, NGUYEN, QUANG, PHAM, TOAN with titles, addresses, and city/zip codes.

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: [Signature] VERIFIED 2/23/99 (850) 478-9586

CR2E034 (11/98)