

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 517106 (1)

1. Corporation Name

BACKPACKER'S GENERAL STORE, INC.



Principal Place of Business

Mailing Address

4443 SOUTHERN BLVD.
W. PALM BEACH FL 33406

4443 SOUTHERN BLVD.
W. PALM BEACH FL 33406

3. Date Incorporated or Qualified

10/21/1976

3a. Date of Last Report

06/12/1995

2. Principal Place of Business

2a. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1717050

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KINSEY, H. GLENN
627 MADELINE CT.
W. PALM BEACH FL 33413

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P
NAME KINSEY, H. GLENN
STREET ADDRESS 627 MADELINE CT.
CITY-ST-ZIP W. PALM BEACH FL

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE

V
NAME KINSEY, HARRY M.
STREET ADDRESS 627 MADELINE CT.
CITY-ST-ZIP W. PALM BEACH FL

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE

S
NAME KINSEY, RUBY J.
STREET ADDRESS 627 MADELINE CT.
CITY-ST-ZIP W. PALM BEACH FL

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

T
NAME KINSEY, RONALD E.
STREET ADDRESS 1323 MAYPOP RD
CITY-ST-ZIP W. PALM BEACH FL

41 TITLE ☒ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

196 NATCHEZ TRACE
ROYAL PALM BEACH FL 33411

TITLE ☐ DELETE

S
NAME KINSEY, PATRICIA A (ASST
STREET ADDRESS 1323 MAYPOP RD
CITY-ST-ZIP W. PALM BEACH FL

51 TITLE ☒ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

196 NATCHEZ TRACE
ROYAL PALM BEACH, FL 33411

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-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, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Harry M. Kinsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/96

Daytime Phone #

CR2E034 (3/96)