

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Mar 26, 1996 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000001088 (2)**

1. Corporation Name  
**THE PANTRY, INC.**



Principal Place of Business: **P.O. BOX 1410 SANFORD NC 27330**  
Mailing Address: **P.O. BOX 1410 SANFORD NC 27330**

3. Date Incorporated or Qualified: **03/07/1995**  
3a. Date of Last Report  
4. FEI Number: **56-1574463**  
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 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, 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**

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: **FL** 85 Zip Code: **1-25-96**

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: *Mark C. King*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required for all filings)

DATE: **1-25-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMNER, W C	1.2 NAME	
STREET ADDRESS	2200 W. MAIN STREET, STE 900	1.3 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNE JR, EUGENE B	2.2 NAME	
STREET ADDRESS	1801 DOUGLAS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD NC	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, MARK C	3.2 NAME	
STREET ADDRESS	1801 DOUGLAS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD NC	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEHMAN, TERRY L	4.2 NAME	<b>V</b> <b>CROOK, DENNIS R</b>
STREET ADDRESS	1801 DOUGLAS DRIVE	4.3 STREET ADDRESS	<b>1801 DOUGLAS DR.</b>
CITY-ST-ZIP	SANFORD NC	4.4 CITY-ST-ZIP	<b>SANFORD NC 27330</b>
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINSTEAD, SAMUEL W	5.2 NAME	<b>V</b> <b>SWEENEY, DOUGLAS</b>
STREET ADDRESS	1801 DOUGLAS DRIVE	5.3 STREET ADDRESS	<b>1801 DOUGLAS DR.</b>
CITY-ST-ZIP	SANFORD NC	5.4 CITY-ST-ZIP	<b>SANFORD NC 27330</b>
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEARNE, JOHN H	6.2 NAME	
STREET ADDRESS	1801 DOUGLAS DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD NC	6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mark C. King* **MARK C. KING**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **719 774 6700**  
DAY/MONTH/YEAR

CR2E034 (12/95)