

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90056 025 ***550.00

DOCUMENT # 79500000 1088

1. Entity Name

THE PANTRY, INC. & SUBSIDIARIES

DO NOT WRITE IN THIS SPACE

870125

2. Principal Place of Business
1801 DOUGLAS DRIVE
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 1410
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SANFORD, NC

City & State
SANFORD, NC

4. FEI Number
56-1574463

Applied For
Not Applicable

Zip
27330

Country
WAKE

Zip
27331-1410

Country
WAKE

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT PETER J. SODINI 1112 SILVER OAK CT. RALEIGH, NC 27614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT DENNIS R. CROOK 313 MAGNOLIA DRIVE SOUTHERN PINES, NC 28387
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT WILLIAM T. FLYG 1032 KINGSCLERE DR. CARY, NC 27511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT DOUGLAS M. SWEENEY 705 BOARDWALK DR. #424 PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT DANIEL J. MCCORMACK 104 LONG SHADOW LANE CARY, NC 27511
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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph Duncan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #