

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

**APPROVED  
AND  
FILED**

**95 APR 27 AM 9:22**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # G66747 (8)**  
1. Corporation Name  
**SUPER D CONVENIENCE STORES, INC.**

Principal Place of Business Mailing Address  
**606 BALD EAGLE DR., SUITE 500  
P.O. BOX 1  
MARCO ISLAND FL 33937**

**606 BALD EAGLE DRIVE  
SUITE 500  
MARCO ISLAND FL 33969  
US**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/27/1983** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2472120** 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**

6. This corporation has liability for intangible tax under 5. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**WOODWARD, CRAIG R.  
606 BALD EAGLE DR., SUITE 500  
ISLAND TOWER BLDG  
MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                |                            |
|----------------|----------------------------|
| TITLE          | <b>P</b>                   |
| NAME           | <b>RAMAGE, DAVID A.</b>    |
| STREET ADDRESS | <b>2423 OLSON DR</b>       |
| CITY-ST-ZIP    | <b>GRAND FORKS ND</b>      |
| TITLE          | <b>VP</b>                  |
| NAME           | <b>RAMAGE, TROY G.</b>     |
| STREET ADDRESS | <b>2200 LIBRARY CIRCLE</b> |
| CITY-ST-ZIP    | <b>GRAND FORKS ND</b>      |
| TITLE          | <b>ST</b>                  |
| NAME           | <b>RAMAGE, TODD, D</b>     |
| STREET ADDRESS | <b>2200 LIBRARY CIRCLE</b> |
| CITY-ST-ZIP    | <b>GRAND FORKS ND</b>      |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY-ST-ZIP    |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY-ST-ZIP    |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY-ST-ZIP    |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY-ST-ZIP    |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY-ST-ZIP    |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **4-11-95** **701-772-7191**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Corporate Phone #)  
**DAVID A. RAMAGE**