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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 210777 (9)
1. Corporation Name
PICK KWIK HOLDINGS INCORPORATED



Principal Place of Business
3310 WEST MAIN STREET
P.O. BOX 30383
TAMPA FL 33630-3383

Mailing Address
3310 WEST MAIN STREET
P.O. BOX 30383
TAMPA FL 33630-3383

3. Date Incorporated or Qualified
03/11/1958

3a. Date of Last Report
02/27/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-0828847	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

JAEB, WENDY G ESQ
3310 WEST MAIN STREET
TAMPA FL 33607

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAEB, JOHN R	1.2 NAME	
STREET ADDRESS	3310 WEST MAIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAEB, LORENA M	2.2 NAME	
STREET ADDRESS	11505 S.R. 574	2.3 STREET ADDRESS	
CITY-ST-ZIP	MANGO FL	2.4 CITY-ST-ZIP	
TITLE	VDS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAEB, WENDY G	3.2 NAME	
STREET ADDRESS	3310 WEST MAIN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAEB, ROBERT A.	4.2 NAME	
STREET ADDRESS	11505 S.R. 574	4.3 STREET ADDRESS	
CITY-ST-ZIP	MANGO FL	4.4 CITY-ST-ZIP	
TITLE	VTAS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, DAVID S.	5.2 NAME	
STREET ADDRESS	3310 WEST MAIN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 a 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 1997

(813) 875-9928

Date

Daytime Phone #

0300000

CR2E034 (9/96)