

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/11/1958	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0828847	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 The Corporation Trust Company
				82	Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road
				83	
				84	City Plantation
				85	Zip Code 33324

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 *ANN J. WILLIAMS* ANN J. WILLIAMS 3/2/98
Signature typed or printed name of registered agent and then, if applicable, Assistant Vice President DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAEB, JOHN R			1.2 NAME	F. Borden Walker		
STREET ADDRESS	3310 WEST MAIN STREET			1.3 STREET ADDRESS	1 Hess Plaza		
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP	Woodbridge, NJ 07095		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAEB, LORENA M			2.2 NAME	H. I. Small		
STREET ADDRESS	11505 S.R. 574			2.3 STREET ADDRESS	1 Hess Plaza		
CITY-ST-ZIP	MANGO FL			2.4 CITY-ST-ZIP	Woodbridge, NJ 07095		
TITLE	VDS	<input type="checkbox"/> DELETE		3.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAEB, WENDY G			3.2 NAME	P. Shepard		
STREET ADDRESS	3310 WEST MAIN STREET			3.3 STREET ADDRESS	1 Hess Plaza		
CITY-ST-ZIP	TAMPA FL			3.4 CITY-ST-ZIP	Woodbridge, NJ 07095		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAEB, ROBERT A.			4.2 NAME	John J. Lynett		
STREET ADDRESS	11505 S.R. 574			4.3 STREET ADDRESS	1 Hess Plaza		
CITY-ST-ZIP	MANGO FL			4.4 CITY-ST-ZIP	Woodbridge, NJ 07095		
TITLE	VTAS	<input type="checkbox"/> DELETE		5.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SILVER, DAVID S.			5.2 NAME	L. H. Ornstein		
STREET ADDRESS	3310 WEST MAIN STREET			5.3 STREET ADDRESS	1 Hess Plaza		
CITY-ST-ZIP	TAMPA FL			5.4 CITY-ST-ZIP	Woodbridge, NJ 07095		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME	C. T. Tursi		
STREET ADDRESS				6.3 STREET ADDRESS	1 Hess Plaza		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Woodbridge, NJ 07095		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 in an attachment with an address.

SIGNATURE *John J. Lynett* John J. Lynett/Assistant Secretary 1/30/98 (732)750-6000

CR2E034 (10/97)