

DOCUMENT # 210777

1. Entity Name

PICK KWIK HOLDINGS INCORPORATED

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90072 002 \*\*\*150.00

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-0828847

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME WALKER, F. BORDEN  
STREET ADDRESS 1 HESS PLAZA  
CITY-ST-ZIP WOODBRIDGE, NJ 07095

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME SMALL, H.I.  
STREET ADDRESS 1 HESS PLAZA  
CITY-ST-ZIP WOODBRIDGE, NJ 07095

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME SHEPARD, P.  
STREET ADDRESS 1 HESS PLAZA  
CITY-ST-ZIP WOODBRIDGE, NJ 07095

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME LYNETT, JOHN J.  
STREET ADDRESS 1 HESS PLAZA  
CITY-ST-ZIP WOODBRIDGE, NJ 07095

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME ORNSTEIN, L.H.  
STREET ADDRESS 1 HESS PLAZA  
CITY-ST-ZIP WOODBRIDGE, NJ 07095

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1185 AVE. OF THE AMERICAS  
CITY-ST-ZIP NEW YORK, NY 10036

TITLE S ☐ Delete  
NAME TURSI, C.T.  
STREET ADDRESS 1 HESS PLAZA  
CITY-ST-ZIP WOODBRIDGE, NJ 07095

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1185 AVE. OF THE AMERICAS  
CITY-ST-ZIP NEW YORK, NY 10036

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

J.J. LYNETT ASST. SECRETARY

4/11/00

(732) 750-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)