

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 237208

(4)

1. Corporation Name

SERVICE STORES INC



Principal Place of Business

15040 MADEIRA WAY
MADEIRA BEACH FL 33708

Mailing Address

15040 MADEIRA WAY
MADEIRA BEACH FL 33708

3. Date Incorporated or Qualified

06/25/1960

3a. Date of Last Report

06/27/1995

2. Principal Place of Business

2a. Mailing Address

21 15110 Municipal Drive

26 15110 Municipal Drive

4. FEI Number

59-0900347

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

City & State

23 Madeira Beach, FL

City & State

28 Madeira Beach, FL

Zip

24 33708

Country

25 Pinellas

Zip

29 33708

Country

30 Pinellas

9. Name and Address of Current Registered Agent

DAFONTE, RICHARD J ESQ
1000 BELCHER RD SOUTH S
STE 2
LARGO FL 34641

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 607.1506, 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 the filing officer

(If the Registered Agent's signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	TURNER, RICHARD	
STREET ADDRESS	2035 26TH ST S	
CITY-STATE-ZIP	ST PETE BCH, FL 00000	
TITLE	VD	☒ DELETE
NAME	TURNER, RICHARD	
STREET ADDRESS	2035 26TH ST S	
CITY-STATE-ZIP	ST PETERSBURG FL	
TITLE	SD	☒ DELETE
NAME	TURNER, MYRAM	
STREET ADDRESS	2035 26TH ST S	
CITY-STATE-ZIP	ST PETERSBURG FL	
TITLE	TD	☒ DELETE
NAME	TURNER, RICHARD	
STREET ADDRESS	2035 26TH ST S	
CITY-STATE-ZIP	ST PETE BCH, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres/Dir/Treas	☒ Change ☐ Addition
1.2 NAME	Myram E. Turner	
1.3 STREET ADDRESS	2035 26th Street South	
1.4 CITY-STATE-ZIP	St. Petersburg, FL 33712	
2.1 TITLE	V.P.(1st)/Dir	☒ Change ☐ Addition
2.2 NAME	Alfonso E. Turner	
2.3 STREET ADDRESS	2035 26th Street South	
2.4 CITY-STATE-ZIP	St. Petersburg, FL 33712	
3.1 TITLE	V.P.(2nd)/Dir	☒ Change ☐ Addition
3.2 NAME	Anthony M. Turner	
3.3 STREET ADDRESS	2035 26th Street South	
3.4 CITY-STATE-ZIP	St. Petersburg, FL 33712	
4.1 TITLE	Sec/Dir	☒ Change ☐ Addition
4.2 NAME	Darlene F. Evans	
4.3 STREET ADDRESS	2035 26th Street South	
4.4 CITY-STATE-ZIP	St. Petersburg, FL 33712	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Myram E. Turner

President

813/391-9761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-96

Daytime Phone #

CR2E034 (12/95)