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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **255517** **(5)**

1. Corporation Name
VOLUSIA PENNYSAVER, INC.

Principal Place of Business	Mailing Address
901 SIXTH STREET P.O. BOX 2831 DAYTONA BEACH FL 32120-9831	901 SIXTH STREET P.O. BOX 2831 DAYTONA BEACH FL 32120-2831 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/28/1962	3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2092636	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DAVIDSON, HERBERT M., JR.
901 SIXTH ST
DAYTONA BEACH FL 32017

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ (Required) Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VTD	1.1 TITLE		☐ Change ☐ Addition
NAME	DAVIDSON, JOSEPHINE F.	1.2 NAME		
STREET ADDRESS	901 6TH STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	DAVIDSON JR,HERBERT M	2.2 NAME		
STREET ADDRESS	901 6TH STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP		
TITLE	VDA	3.1 TITLE	VDAS	☒ Change ☐ Addition
NAME	COBB,THOMAS T	3.2 NAME		
STREET ADDRESS	901 6TH STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL	3.4 CITY-ST-ZIP		
TITLE	VDAS	4.1 TITLE		☐ Change ☐ Addition
NAME	KANEY, GEORGIA M.	4.2 NAME		
STREET ADDRESS	901 6TH ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH, FL 00000	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE		☐ Change ☐ Addition
NAME	KANEY, JONATHAN D., JR.	5.2 NAME		
STREET ADDRESS	901 6TH ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH. FL	5.4 CITY-ST-ZIP		
TITLE	ASD	6.1 TITLE		☐ Change ☐ Addition
NAME	DAVIDSON, MARC L.	6.2 NAME		
STREET ADDRESS	901 6TH ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH. FL	6.4 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 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 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 changed, or on an attachment with an addition.

SIGNATURE: Georgia M. Kaney 3/1/95 (904)252-1511
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number
Georgia M. Kaney

0011042 CP