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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 255517 1. Corporation Name

VOLUSIA PENNYSAVER, INC.

| | | | | | { |
|--|---|--|------------------------------------|--|---|
| Principal Place | e of Business | Mailing Address | | | |
| | | 901 SIXTH STREET | | | |
| P.O. BOX 2831 DAYTONA BEACH FL 32120-9831 | | P.O. BOX 2831 Daytona Beach FL 32120-2831 US | | DO NOT WRITE IN THIS SPACE | |
| | | | | 3. Date Incorporated or Qualifed | |
| | | | | 02/28/1962 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-2092636 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | e | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the current year Intar | |
| 24 | 25 | 29 | 30 | reisonal rioperty rax. | ☐Yes X No |
| | | | | 10. Name and Address of New Registered A | gent |
| 0.00 | OGON HERREDT M. ID | | 81 Name | BEOrgia M. Kaney | |
| DAVIDSON, HERBERT M., JR. | | | 82 Street A | ddress (P.O. Box Number is Not Acceptable) | |
| 901 SIXTH ST | | | 4 | 01 Sixth Street | |
| DAYTONA BEACH FL 32017 | | | | | |
| | | | 84 City | | 85 Zip Code |
| | | | 1)2 | autona Bch FL | 32117 |
| 11. Pursuant | to the provisions of Sections 607.05 | 02 and 607.1508, Florida Stat | tutor the above named c | organization submits this statement for the purpose of cration's board of directors. I hereby accept the appoint | nanging its registered ment as registered |
| agent. I a | egistered agent, or both, in the State m farth ar with, and accept the oblig | ations of, Section 607.0505, F | Florida Statutes. | and a board of all colors. This casy assess this appearan | |
| SIGNATURE | // 10 10 | Janon | | 112419 | 19 |
| <u> </u> | Signature, typed or pinted name of registered ag | | TE: Registered Agent signature rec | | DIDECTORS IN 42 |
| 12. | | ND DIRECTOR\$ | 13. | ADDITIONS/CHANGES TO OFFICERS AND | ☐ Change |
| TITLE | PD | □ DELETE | | Mener IIII | ChangeAdditio |
| NAME | DAVIDSON JR,HERBERT M | | | 901 Sixth Street | |
| STREET ADDRESS | 901 6TH STREET | | 1.3 STREET ADDRESS | Daytona Bch, FL 32117 | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32117 | | | | Change Addition |
| TITLE | VDAS- A SVD | ☐ DELETE | 2.1 TITLE | David R. Kendall VD | Change Addition |
| NAME | COBB,THOMAS T | | 2.2 NAME | David R. Kendall VD 901 Sixth Street | |
| STREET ADDRESS | 901 6TH STREET | | Z.3 STREET ALKURESS T | | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32117 | | | Daylona Beh. FL 32117 | |
| TITLE | -VBAS" ASYD | ☐ DELETE | 3.1 TITLE | | Change Addition |
| NAME | KANEY, GEORGIA M. | | 3 2 NAME | | |
| STREET ADDRESS | 901 6TH ST | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DAYTONA BCH, FL 20000- 32 | 117 | 3 4. CITY-ST-ZIP | | |
| TITLE | sn. | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |

Daylona Bch. FL 32117 6.4 CITY-ST-ZIP DAYTONA BEACH FL 32117 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted on the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed, of

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

□ DELETE

☐ DELETE

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

KANEY, JONATHAN D., JR.

DAYTONA BCH. FL 32117

DAYTONA BCH. FL 32117

TRUILO, JULIE DAVIDSON

Julia

901 6TH ST.

ASD ASDT

901 6TH ST.

901 6TH ST

ASD

DAVIDSON, MARC L.

Davidson Trails, Julia

901 Sixth Street

Change

Change

☐ Addition

☐ Addition