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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 17, 1999 8:00 am Secretary of State

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DOCUMENT # 306058

1. Corporation Name

KWIK KING FOOD STORES, INC.

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|---|--|---|--|--|--|--|---------------------------------------|----------------------|-------------------------------------|
| Principal Place | e of Business | Mailing Address | | | | | · | _ | |
| 101 NE 16TH. AVENUE 101 NE 16TH. AVENUE 0CALA EL 34470 | | | UE | | | | | | |
| OCALA FL 34470 OCALA FL 34470 US US | | | | | | DO NOT WRITE IN THIS SPACE | | | |
| 05 | | | | 3. Date Incorporated or Qualified | | | | | |
| ļ | | | | | | 06/10/1966 | | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | S | | | 4. FEI Number | | At | plied For |
| | | | | | 59-1144213 | | No | ot Applicable | |
| Suite, Apt. | #. etc. | Suite, Apt. #, et | c. | | | | | \$8.75 | Additional |
| 22 | , | 27 | | | | 5. Certifcate of Status Desired | | Fee Re | equired |
| City & State | | City & State | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | | to Fees |
| Zip | Country | Zip | Co | ountry | | 8. This corporation owes the curre | nt year Inta | ngible | |
| 24 | | | 30 | | | Personal Property Tax. | | □No | |
| | 9. Name and Address of Curre | nt Registered Agent | | | | 10. Name and Address of New Re | gistered A | gent | |
| | | | <u> </u> | 81 1 | Name | | | | Ì |
| WOR | RLEY, JANET | | | 82 | Stroot Addro | ss (P.O. Box Number is Not Acceptate | nle) | _ | |
| 101 NE 16TH. AVENUE | | | | 62 ` | Sileet Addre | SS (F.O. BOX PULLION IS NOT MOCOUPAGE | , | | |
| OCA | LA, FL 34470 | | | 83 | | • | | | |
| } | | | | 1-1- | 011 | | | de Zio | Code |
| | | | | 84 (| City | • | FL | 85 Zip | Code |
| ·11. Pursuant | to the provisions of Sections 607.050 | 02 and 607.1508, Florida | Statutes, the | above-n | named corpo | ration submits this statement for the p | urpose of c | hanging its | registered |
| l office or n | egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change | was authorize | ed by the | e corporation | 's board of directors. I hereby accept | the appoin | tment as re | gistered |
| agent. I a | m tamiliar with, and accept the obliga | alions of, Section 607.05 | Jo, Florida Gla | alules. | | | | | |
| SIGNATURE | | | | | | | | | |
|) | Stonature, tuned or printed name of registered age | ent and title if applicable. | (NOTE: Registere | ed Agent si | ignature required | when reinstating) | DATE | | - |
| | Signature, typed or printed name of registered age OFFICERS AI | | (NOTE: Registere | <u> </u> | ignature required | when reinstating) ADDITIONS/CHANGES TO OFF | · · · · · · · · · · · · · · · · · · · | DIRECTO | DRS IN 12 |
| 12. | OFFICERS AI | ent and title if applicable. ND DIRECTORS DEL | 13 | <u> </u> | ignature required | | · · · · · · · · · · · · · · · · · · · | DIRECTO | DRS IN 12 |
| 12. | OFFICERS AI | ND DIRECTORS | - 13 ETE 1.1 | 3. | ignature required | | · · · · · · · · · · · · · · · · · · · | _ | |
| 12. TITLE NAME | OFFICERS AI ST WORLEY, JANET C. | ND DIRECTORS | TE 1.11 | TITLE | | | · · · · · · · · · · · · · · · · · · · | _ | |
| 12. TITLE NAME STREET ADDRESS | OFFICERS AI ST WORLEY, JANET C. 101 NE 16TH. AVENUE | ND DIRECTORS | - 13 ETE 1.1 121 | TITLE NAME STREET AL | DDRESS | | · · · · · · · · · · · · · · · · · · · | _ | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AI ST WORLEY, JANET C. 101 NE 16TH. AVENUE OCALA FL | ND DIRECTORS | - 13 ETE 1.1 121 1.33 1.44 | TITLE | DDRESS | | · · · · · · · · · · · · · · · · · · · | _ | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | OFFICERS AI ST WORLEY, JANET C. 101 NE 16TH. AVENUE OCALA FL V | ND DIRECTORS | 13 ETE 1.1 1.2 1.3 1.4 ETE 2.1 | TITLE NAME STREET AC CITY-ST-Z TITLE | DDRESS | | · · · · · · · · · · · · · · · · · · · | Change | Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | OFFICERS AI ST WORLEY, JANET C. 101 NE 16TH. AVENUE OCALA FL V DINKINS, BRADFORD L. | ND DIRECTORS | 13 ETE 1.1 1.2 1.3 1.44 ETE 2.1 2.2 | TITLE NAME STREET AT CITY-ST-Z TITLE NAME | DDRESS ZIP | | · · · · · · · · · · · · · · · · · · · | Change | Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | OFFICERS AI ST WORLEY, JANET C. 101 NE 16TH. AVENUE OCALA FL V DINKINS, BRADFORD L. 101 NE 16TH AVE | ND DIRECTORS | - 13 ETE 1.1' 1.2' 1.3' 1.4' ETE 2.1' 2.2' 2.3' | TITLE NAME STREET AC CITY-ST-Z TITLE NAME STREET AC | DDRESS ZIP DDRESS | | · · · · · · · · · · · · · · · · · · · | Change | Addition |
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14. 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 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, with all other like empowered.

SIGNATURE: