

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 306058

1. Entity Name

KWIK KING FOOD STORES, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90079 036 ***150.00

Principal Place of Business

101 NE 16TH. AVENUE
OCALA FL 34470
US

Mailing Address

101 NE 16TH. AVENUE
OCALA FLA 34478-3630
US

2. Principal Place of Business

520 S.E. FT. KING STREET

3. Mailing Address

P.O. BOX 3630

Suite, Apt. #, etc.

BLDG. A

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

Zip

34471

Country

MARION

Zip

34478

Country

MARION

4. FEI Number

59-1144213

Applied For

Not Applicable

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

WORLEY, JANET
101 NE 16TH. AVENUE
OCALA, FL 34470

Name **RALPH W. PRESSLEY, JR.**

Street Address (P.O. Box Number is Not Acceptable)
520 S.E. FT. KING ST., BLDG. A

City **OCALA**

FL

Zip Code
34471

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 date if applicable.

RALPH W. PRESSLEY, JR./SECRETARY/TREASURER 2/23/00

(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 NAME STREET ADDRESS CITY-ST-ZIP	ST WORLEY, JANET C. 101 NE 16TH. AVENUE OCALA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DINKINS, BRADFORD L. 101 NE 16TH AVE OCALA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DINKINS, C L JR 101 NE 16TH AVE OCALA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WILLIAM H. TUCK, JR. 520 S.E. FT. KING ST., BLDG. A OCALA, FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR/TREASURER RALPH W. PRESSLEY, JR. 520 S.E. FT. KING ST., BLDG. A OCALA, FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM H. TUCK, JR./PRESIDENT 2/22/00 (352) 840-0005

Date

Daytime Phone #