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

PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # 517106 (1)BACKPACKER'S GENERAL STORE, INC. Mailing Address Principal Place of Business 4443 SOUTHERN BLVD. 4443 SOUTHERN BLVD. W. PALM BEACH FL 33406-2141 W. PALM BEACH FL 33406 3. Date Incorporated or Qualified 3a. Date of Last Report 10/21/1976 06/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1717050 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 KINSEY, H. GLENN Name 627 MADELINE CT. 82 Street Address (P.O. Box Number is Not Acceptable) W. PALM BEACH FL 33413 83 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed nance of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change KINSEY, H. GLENN NAME 1.2 NAME 627 MADELINE CT. STREET ADDRESS 1.3 STREET ADDRESS W. PALM BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DILLETE Change Addition TITLE 217071.0 KINSEY, HARRY M. 2.2 NAME NAME 627 MADELINE CT. STREET ADDRESS 2.3 STREET ADDRESS W. PALM BEACH FL DITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 THLE Change Addition KINSEY, RUBY J. NAME 3.2 NAME 627 MADELINE CT. STREET ADDRESS 3.3 STREET ADDRESS W. PALM BEACH FL CITY-ST-ZIP 3.4. CITY - ST-2IP DELETE 4.1 TITLE Change Addition TITLE KINSEY, RONALD E. NAME 4 2 NAME **198 NATCHEZ TRACE** STREET ADDRESS 4.3 STREET ADDRESS ROYAL PALM BEACH FL CITY-ST-ZIP 4.4 CITY- ST-ZIP. DILETE 5 1 TITLE Change ☐ Addition TITLE KINSEY, PATRICIA A (ASST NAME 5.2 NAME **198 NATCHEZ TRACE** STREET ADDRESS 5.3 STREET ADDRESS ROYAL PALM BEACH FL CITY-ST-ZIP 5.4 CITY - ST - 7IP DELETE Change 6.1 TITLE Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STHEET ADDRESS 64 Crty - ST - ZiP CITY-ST-ZIP

14. I do 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 eath; 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 13 if changed, or on an attachment with an address.

SIGNATURE:

04/17/97 5816894453

FILED

Apr 24 1997 8:00am

Secretary of State

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