2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 598838

1. Entity Name
MINI CONVENIENCE STORE, INC.

Principal Place of Business	Mailing Address
244 FRANKLIN BLVD ST GEORGE ISLAND, FL 32328 US	228 FRANKLIN BLVD ST GEORGE ISLAND, FL 32328 US

04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1871771
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARMISTEAD, VERONICA C.
FRANKLIN BLVD. WEST
ST GEORGE ISLAND, FL

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000124270
04/22/04-80038-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARMISTEAD, VERONICA C.
STREET ADDRESS	228 FRANKLIN BLVD
CITY-ST-ZIP	ST GEORGE ISLAND, FL 32328
TITLE	ST
NAME	ARMISTEAD, WALTER J
STREET ADDRESS	228 FRANKLIN BLVD
CITY-ST-ZIP	ST GEORGE ISLAND, FL 32328
TITLE	VP
NAME	SHIVER, JOANN A
STREET ADDRESS	228 FRANKLIN BLVD.
CITY-ST-ZIP	ST. GEORGE ISLAND, FL 32328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JoAnn A. Shiver 4-20-04 (850)921-2163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #