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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 28 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

675225

(7)

TREASURE ISLAND CHEVRON FOOD MART, INC.

IMEASI	JHE ISLAND CHEVRON FOR	JU MAKI, ING								
Principal Plac	e of Business	Mailing Address				(460/40 0111) 4000) ALIAO 48010 17008 U	ill didil did e			
10601 GULF I C/O STEVEN	BENDER	10801 GULF BLVD C/O STEVEN BENDER		٠		DO NOT WRITE	E INITUIO	€b∧0E		
TREASURE ISLAND FL 33706 TREASURE ISLAND FL 3370				6		3. Date Incorporated or Qualified	- CILI NII :	SPACE		
Ì					1	07/01/1980				
2 Principal P	ace of Business	2a, Mailing Address				4. FEI Number			pplied For	
· ·		26 P.O. BOX 9442				59-2009057			lot Applicable	
21 7166 1307H 8T N		Suite, Apt. #, etc.							Additional	
22		27				5. Certificate of Status Desired			Required	
City & State	9	City & State				6. Election Campaign Financing		\$5.00) May Be	
23 S € m	INOLE FL	28 TREASURG	154A20	. FL		Trust Fund Contribution			to Fees	
Zip	Country	Zip	Count			8. This corporation owes or has pa	aid the cur			
24 337	TE PINELLAS	29 33740	30 8	جريستاد	s	Personal Property Tax due June	30. [Yes [□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered	Agent		
BE	NIDER, STEVEN		8	Name						
10801 GULF BLVD				2 Street A	Addres	ddress (P.O. Box Number is Not Acceptable)				
TREASURE ISLAND FL 33706										
i			8:	3						
			В	City			FL	85 Zip	Code	
11. Pursuant	tes, the abo	ve-named	corpora	ation submits this statement for the	nurnose o	of changing i	its registered			
agent. I a	egistered agent, or both, in the State of familiar with, and accept the obligations.	tions of, Section 607.05 05 , F	lorida Statut	es.	oralion	is board of directors, thereby acce	bi ine abb	Johnnierit as	, registered	
SIGNATURE	Signature typed or prested name of registerrid ages	Lead 105 d South State (NC)	If . Degistered 6	hont signal as	. اممین میر	when reinstating)	DATE			
12.	OFFICERS AND		13.	gent signature	required t	ADDITIONS/CHANGES TO OFFICE		D DIRECTO	BS IN 12	
TITLE	PTS	DELETE	1.1 TITLE			NEDITIONS OF WINDLESS TO CATAL	32/10/1412	Change	Addition	
NAME	BENDER, STEVEN		1.2 NAME	I					_	
STREET ADDRESS	10801 GULF BLVD		1.3 STRE	T ADDRESS	71	4 75 HT021 24				
CITY-ST-ZIP	TREASURE ISLAND FL		14 CITY	1		MINOLE, F- 33-				
TITLE	V			2.1 TITLE)	Change	Addition	
NAME	BENDER, MARGIE			2.2 NAME					_	
STREET ADDRESS	10801 GULF BLVD			T ADDRESS	٦.	UL TROTH ST N.				
CITY-ST-ZIP	TREASURE ISLAND FL		2. 4 CITY	· · · · · · · · · · · · · · · · · · ·		EMIDOLE, FL 33	· · ·			
TITLE	THE TOTAL TOTAL TE	DELETE	3.1 TITLE			Entry of E. 175	1 1 11	Change	Addition	
NAME			3.2 NAME	I					_	
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			3.4. CITY	1						
TITLE		DELETE	4.1 TITLE					Change	☐ Addition	
NAME			4. 2 NAM	. [-	
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			4.4 CITY-							
TITLE		DELETE	5.1 TITLE	<u> </u>				Change	Addition	
NAME		_ -	5.2 NAME	1						
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			5.4 CITY -	1						
TITLE		☐ DELETE	6.1 TITLE	01-411				Change	Addition	
NAME			6.2 NAME							
STREET ADDRESS				T ADDRESS						
1 i				- 1					,	
CITY-ST-ZIP			64 CITY-	21.71						

14. Thereby 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.

SIGNATURE: