PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 675225

1. Corporation Name

TREASURE ISLAND CHEVRON FOOD MART, INC.

Principal Place of Business 7166 t20TH ST N SEMINOLE FL 33772 US	П	
SEMINOLE FL 33772		Principal Place of Business
1		SEMINOLE FL 33772

Mailing Address

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90039 008 ***150.00



7166 120TH ST SEMINOLE FL 3 US		P O BOX 9442 TREASURE ISLAND FL 33740 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/01/1980			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Appl	ied For
21	3. 3. 3. 3. 3. 3. 3. 3.	26			59-2009057	ſ	Not	Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	, \$ 8	. 75 Ad	Iditional
22	•	27			5. Certificate of Status Desired	, F	ee Req	uired
City & State		City & State			6. Election Campaign Financing	\$5	5.00 N	lay Be
23		28			Trust Fund Contribution	A	dded to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current y			- 1
24	25	29 30	<u> </u>		Personal Property Tax.	□Ye	s L	No
	9. Name and Address of Current	Registered Agent		Γ	10. Name and Address of New Regis	stered Agent		
DEAU	DED CTEVEN		81	Name				
1080	der, steven 11 gulf blyd		82	Street Add	ess (P.O. Box Number is Not Acceptable)			
TREA	ASURE ISLAND FL 33706		83					
			84	City		FL 85	Zip Co	ode
11. Pursuant t office or re agent. I an	o the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligation	and 607.1508, Florida Statutes, f Florida. Such change was auth ons of, Section 607.0505, Florid	the abov orized by a Statutes	e-named corp the corporation.	poration submits this statement for the purpon's board of directors. I hereby accept the	pose of changi e appointment	ing its re as regi	egistered stered
SIGNATURE						DATE		
	Signature, typed or printed name of registered agent	<u></u>	egistered Age	nt signature require	ADDITIONS/CHANGES TO OFFICE		FCTOR	S IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE		7.0071101070107010701070	[] CI		Addition
TITLE	BENDER, STEVEN	عادعات لي	1.2 NAME				•	
NAME	7166 120TH ST N	ŕ		TADDRESS	•			Į.
STREET ADDRESS	SEMINOLE FL 33772		1.4 CITY-S					}
CITY-ST-ZIP TITLE	V	☐ DELETE	2.1 TITLE	1-21			nange	Addition
	BENDER, MARGIE		2.2 NAME				•	
NAME	7166 120TH ST N		1	TADORE\$S				1
STREET ADDRESS	SEMINOLE FL 33772		2.4 CITY-	1	_	,		
CITY-ST-ZIP TITLE	SEMINOLE 1 E 33772	☐ DELETE	3 1 TITLE	51-2IF			nange	Addition
NAME	•** •		3.2 NAME					
!			ı	T ADDRESS				
STREET ADDRESS			3.4. CITY-					
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	,, <u>L</u> ,,		CI	nange	☐ Addition
NAME		• .	4, 2 NAME	-				
STREET ADDRESS				TADDRESS				}
l			4.4 CITY-S					
CITY-ST-ZIP TITLE			5.1 TITLE	11-21			hange	Addition
NAME		-	5.2 NAME					1
STREET ADDRESS			5.3 STREE	T ADDRESS	•			\
CITY-ST-ZIP			5.4 CITY-5	IT-ZIP				
TITLE		DELETE	6.1 TITLE			CI	hange	Addition
NAME		100	6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				{
CITY ST. ZIP			6.4 CITY-5	T-ZIP		,		

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.

STEVEN BENDER

4104/49

727) 392.1394