

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 680003 (1)

1. Corporation Name
FOOD QWIK, INC.



Principal Place of Business
12789 A FOREST HILL
WEST PALM BEACH FL 33414

Mailing Address
12789 A FOREST HILL
WEST PALM BEACH FL 33414

3. Date Incorporated or Qualified 07/19/1980 3a. Date of Last Report 04/14/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-2088804 Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 WELLINGTON FL

28 WELLINGTON FL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARROLL, FRANK
11410 PINE VALLEY DR.
W. PALM BEACH FL 33414

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City WELLINGTON FL 85 Zip Code 33414

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME CARROLL, FRANK
1.3 STREET ADDRESS 11410 PINE VALLEY DR.
1.4 CITY-STATE-ZIP W. PALM BEACH FL

2.1 TITLE ☐ DELETE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP WELLINGTON FL 33414 ☒ Change ☐ Addition

3.1 TITLE S
3.2 NAME CARROLL, IBTIAH F.
3.3 STREET ADDRESS 11410 PINE VALLEY DR.
3.4 CITY-STATE-ZIP W. PALM BEACH FL

3.1 TITLE ☐ DELETE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP WELLINGTON FL 33414 ☒ Change ☐ Addition

4.1 TITLE ☐ DELETE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

4.1 TITLE ☐ DELETE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ DELETE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

5.1 TITLE ☐ DELETE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ DELETE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

6.1 TITLE ☐ DELETE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

7.1 TITLE ☐ DELETE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-STATE-ZIP

7.1 TITLE ☐ DELETE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-STATE-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96 407 793390E

CR2E034 (12/95)