## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # F65854 BUNNELL THRIFTWAY, INC. Principal Place of Business Mailing Address U.S. HWY 1 AND LAMBERT AVENUE U.S. HWY 1 AND LAMBERT AVENUE BUNNELL FL 32110 BUNNELL FL 32110 3a. Date of Last Beport 3. Date Incorporated or Qualified 02/03/1982 06/28/1995 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 59-2172286 21 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite Apt. #. etc. 5. Certificate of Status Desired Fee Required 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Ζıρ Country $Z_{1D}$ Country 8. This corporation has liability for inlangible tax under s. 199 032 Yes No Florida Statutes 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MICHAEL J. MARICLE 28467 US HWY 19N 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 302 83 CLEARWATER FL 84 City 85 Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typicolor penteron reperor registered lagery and nine it applies the (NC) It. Be justiced Agent signature required when residuring DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96)12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 Table HAAS, DAVID 1.2 NAME CR2E034 NAME US HWY 1 & LAMBERT AVE STREET ADDRESS 1.3 STREET ADDRESS BUNNELL, FL 00000 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP Change Addition DELETE 2.1 IIILE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP 2 4 CITY - ST - ZIP Change Addition DELFTE TITLE 3 LTOTLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY+ST-7/P 34 CITY-ST-ZIP Change Addition DELETE 4 1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 11(1.6 TITLE NAME 62 NAME

64 CITY-ST-ZIP

14. If 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arrian officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if graphop of or pright attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OF PRUTED NAME OF SIGNING OFFICER OR DIRECTOR

6-23-96

904,437-3201