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95 MAY -1 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # **F70746** **(5)**

1. **SOUTH TRAIL KWIKIE, INC.**

Principal Place of Business	Mailing Address
7216 SOUTH TAMIAMI TRAIL SARASOTA FL 34231	7216 SOUTH TAMIAMI TRAIL SARASOTA FL 34231

(Document Number of Corporation)

3. Date Incorporated/Qualified: **03/12/1982**
3a. Date of Last Report: **04/18/1994**

21 — 2. FEI Number or Date of Incorporation
26 — 2a. Mailing Address
4. FEI Number: **59-2176800** ☐ Applied For ☐ Not Applicable

22 — State, Apt. # or Suite
27 — State, Apt. # or Suite
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

23 — City, State
28 — City, State
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 — Zip
25 — County
29 — Zip
30 — County
8. This corporation has been designated by the Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CASCIANI, MICHAEL 1550 S. ORANGE AVE. 7216 SOUTH TAMIAMI TRAIL 34231 SARASOTA FL 34276	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0501 (3) or 617.0501 (3), 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IF ANY
VPSD CASCIANI, CARMEN 2320 BEE RIDGE RD #147 SARASOTA, FL 00000	☐ Change ☐ Addition
PDT CASCIANI, MICHAEL 1550 S. ORNAGE AVE. SARASOTA, FL 00000	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true, complete and accurate. I am aware that any false information submitted in an annual report or supplemental annual report is punishable as a felony under Florida Statutes. I further certify that I am familiar with and authorized to execute this report on behalf of the corporation named herein. I am aware that the 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 this report complies with the applicable provisions of Florida Statutes.

SIGNATURE: [signature] Michael Casciani, Pres 4-27-95 813 923 2405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0339878 CP