

Document Number Only
F95000000353

U T CORPORATION SYSTEM
 Requestor's Name
 1311 Executive Center Drive, nlo. 200
 Address
 Tallahassee, FL 32301 (904) 656-0290
 City State Zip Phone

CORPORATION(S) NAME

Circle K Food Stores, Incorporated

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> CUS / G/S | |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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**APPLICATION BY FOREIGN CORPORATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Carolyn Fabrics, Incorporated
(Name of corporation: must include the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. North Carolina
(State or country under the law of which it is incorporated)

3. July 1, 1958 4. Perpetual
(Date of Incorporation) (Duration)

5. 56-0668813
(Federal Employer Identification number, if applicable)

6. Upon qualification
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 1948 W. Green Drive, High Point, North Carolina 27260
(Current mailing address)

8. See attached purpose clause
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and street addresses of officers and or directors:

A. Directors:

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: See attached list of directors

Address: _____

Director: _____

Address: _____

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D. Officers:

President: See attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

Zip Code

11. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

Registered agent's signature: _____

Kevin J. Gallagher (Officer)
(Typed Name and Title of Officer)

Kevin J. Gallagher, Asst. Vice-President

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

13. Stephen A. Spillers
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Stephen A. Spillers, Vice President

(Name and capacity of person signing application)

Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Purpose Clause of
Carolyn Fabrics, Incorporated**

To buy, sell, convert, and import any and all types and kinds of upholstery and drapery fabrics and materials, cotton goods, and upholstery supplies.

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Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Officers of
Carolyn Fabrics, Incorporated**

1. William J. Spillers, President/Treasurer
426 Rosemoade Lane
Naples, Florida 33999
2. Stephen A. Spillers, Executive Vice-President
1948 W. Green Drive
High Point, North Carolina 27260
3. Jimmy R. Williams, Vice-President
1948 W. Green Drive
High Point, North Carolina 27260
4. Brenda K. Monroe, Secretary
1948 W. Green Drive
High Point, North Carolina 27260

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Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Directors of
Carolyn Fabrics, Incorporated**

1. William J. Spillers
426 Rosemeade Lane
Naples, Florida 33999
2. Stephen A. Spillers
1948 W. Green Drive
High Point, North Carolina 27260
3. Judith B. Spillers
426 Rosemeade Lane
Naples, Florida 33999

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STATE OF NORTH CAROLINA



Department of The
Secretary of State

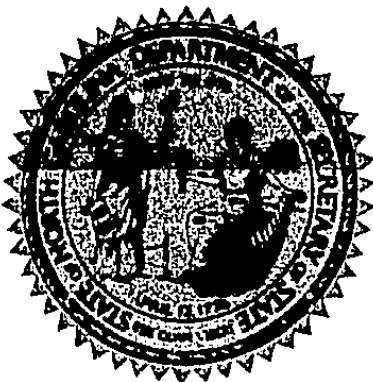
CERTIFICATE OF EXISTENCE

I, **RUFUS L. EDMISTEN**, *Secretary of State of the State of North Carolina*, do hereby certify that

CAROLYN FABRICS, INCORPORATED

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 1st day of July, 1958, with its period of duration being perpetual.

I FURTHER *certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.*



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of January, 1995.

Rufus L. Edmisten

Secretary of State

F9500000353

OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Caroline Fabrics Inc EIN or SS#: _____

Address: P O Box 2758
High Point NC 27261

Amount: 225⁰⁰ Date Paid 6/24/96

Reason for claim: F9500000353 over payment

Certified true and correct this 2 day of July, 19 96.

Signature Brenda K Monroe

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 225⁰⁰

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. 97075/025 dated 6/24/96

Name of Account: 45202130001453000000000010000

Statutory Authority for Collection 607

It is requested that payment be made from the following account:

NAME OF ACCOUNT: 45202130001453000000022002000

Certified true and correct this _____ day of _____, 19 _____

Department of State, Division of Corporations (Agency) _____ (Authorized Signature and Title)

6/26/96