

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 26, 1996 08:00 AM
Secretary of State

DOCUMENT # F95000001088 (2)
1. Corporation Name
THE PANTRY, INC.



Principal Place of Business: **P.O. BOX 1410 SANFORD NC 27330**
Mailing Address: **P.O. BOX 1410 SANFORD NC 27330**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/07/1995		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 56-1574463		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 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: *Mark C. King* (Signature typed or printed name of registered agent and title if applicable) DATE: **1-25-96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HAMNER, W C		1.2 NAME				
STREET ADDRESS	2200 W. MAIN STREET, STE 900		1.3 STREET ADDRESS				
CITY-ST-ZIP	DURHAM NC		1.4 CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HORNE JR, EUGENE B		2.2 NAME				
STREET ADDRESS	1801 DOUGLAS DRIVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	SANFORD NC		2.4 CITY-ST-ZIP				
TITLE	VS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KING, MARK C		3.2 NAME				
STREET ADDRESS	1801 DOUGLAS DRIVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	SANFORD NC		3.4 CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	LEHMAN, TERRY L		4.2 NAME	V CROOK, DENNIS R			
STREET ADDRESS	1801 DOUGLAS DRIVE		4.3 STREET ADDRESS	1801 DOUGLAS DR.			
CITY-ST-ZIP	SANFORD NC		4.4 CITY-ST-ZIP	SANFORD NC 27330			
TITLE	V	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	WINSTEAD, SAMUEL W		5.2 NAME	V SWEENEY, DOUGLAS			
STREET ADDRESS	1801 DOUGLAS DRIVE		5.3 STREET ADDRESS	1801 DOUGLAS DR.			
CITY-ST-ZIP	SANFORD NC		5.4 CITY-ST-ZIP	SANFORD NC 27330			
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HEARNE, JOHN H		6.2 NAME				
STREET ADDRESS	1801 DOUGLAS DRIVE		6.3 STREET ADDRESS				
CITY-ST-ZIP	SANFORD NC		6.4 CITY-ST-ZIP				

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, or on an attachment with an address.

SIGNATURE: *Mark C. King* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **719 774 6700** Daytime Phone #

CR2E034 (12/95)