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CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

F95000001088 (2)

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

| i | PANTRY, INC. | | | 1 | |
|--|---|------------------------------|--|---|---|
| Principal Place | e of Business | Mailing Address | | | 00 35 00 0 00 6 0 |
| P.O. BOX 1410 P.O. BOX 1410 SANFORD NC 27330 SANFORD NC 27330 | | | 10 | | |
| | | | | 3. Date Incorporated or Qualified 03/07/1995 | 3a. Date of Last Report |
| 2. Principal Pla 21 | ace of Business | 2a. Mailing Address 26 | | 4. FEI Number 56-1574463 | Applied For Not Applicable |
| Suite, Apt. : | #, etc. | Suite, Apt. #, etc. 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | 9 | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29 | Country 30 | This corporation has liability for in Florida Statutes | ntangible tax under s 199.032, |
| · | 9. Name and Address of Curre | nt Registered Agent | · | 10. Name and Address of New R | _ |
| 1200 S. Planta | RPORATION SYSTEM PINE ISLAND ROAD ITION FL 33324 | | 83 City | ress (P.O. Rox Number is Not Acceptabl | E1 85 Zip Code |
| SIGNATURE | Styruture, typen or printed name of registrations | If and title if applicance (| NOIL Hoge-board Agents gradum majore | ration submits this statement for the purp rid of directors. Thereby accept the appo | 1-25-96 |
| , | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICE | CERS AND DIRECTORS IN 12 |
| TIILE | CD | DELFTE | 13. 1.1 TILE | ADDITIONS/CHANGES TO OFFIC | CERS AND DIRECTORS IN 12 Change Addition |
| THE | CD Hamner, W C | ☐ DELFIE | · | ADDITIONS/CHANGES TO OFFIC | |
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oath; that I am an officer or director of the corporation or the receiver or trust endough energy and 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:

MMK C. KING
PED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

919 774 6700