

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91014 002 ***150.00

DOCUMENT # F95000001088

1. Entity Name
THE PANTRY, INC.



Principal Place of Business
**1801 DOUGLAS DRIVE
SANFORD NC 27330**

Mailing Address
**P. O. BOX 1410
SANFORD NC 27330**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **56-1574463**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SMITH-HULSEY & BUSEY
225 WATER STREET, SUITE 1800
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SODINI, PETER J | |
| STREET ADDRESS | 1112 SILVER OAK CT. | |
| CITY-ST-ZIP | RALEIGH NC 27614 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | FLYG, WILLIAM T | |
| STREET ADDRESS | 1032 KINGSCLERE DR. | |
| CITY-ST-ZIP | CARY NC 27511 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | SWEENEY, DOUGLAS M | |
| STREET ADDRESS | 705 BOARDWALK DR. #424 | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL 32082 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | MCCORMACK, DANIEL JAMES | |
| STREET ADDRESS | 104 LONG SHADOW LANE | |
| CITY-ST-ZIP | CARY NC 27511 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | CROOK, DENNIS R | |
| STREET ADDRESS | 313 MAGNOLIA DRIVE | |
| CITY-ST-ZIP | SOUTHERN PINES NC 28387 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------------|--|
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Steven J. Ferreira | |
| STREET ADDRESS | 12509 Ribbongrass Court | |
| CITY-ST-ZIP | Raleigh, NC 27614 | |
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Daniel J. Kelly | |
| STREET ADDRESS | 106 Hamarack Way | |
| CITY-ST-ZIP | Cary, NC 27511 | |
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Joseph A. Krol | |
| STREET ADDRESS | 4440 Royal Tern Court | |
| CITY-ST-ZIP | Jacksonville Beach, FL 32250 | |
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | David M. Zaborski | |
| STREET ADDRESS | 220 Woodland Drive | |
| CITY-ST-ZIP | Pinehurst, NC 28374 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel J. Kelly* **3/31/03** **919-774-6700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Daniel J. Kelly, Vice President, Finance, CFO Secretary**

Date: _____ Daytime Phone #: _____

CR2E034 (10/02)