

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

85

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90730 022 \*\*\*150.00

0664988 AB

**DOCUMENT # F96000001587**

1. Entity Name  
**A.O.C. FOOD MARTS, INC.**



Principal Place of Business  
**P.O. DRAWER 456  
TALLEDEGA AL 35161**

Mailing Address  
**P.O. DRAWER 456  
TALLEDEGA AL 35161**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-1095714**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PCD	<input type="checkbox"/> Delete
NAME	ALLEN, R K	
STREET ADDRESS	104 HIGHLAND AVE.	
CITY-ST-ZIP	TALLEDEGA AL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALLEN, PEGGY H	
STREET ADDRESS	104 HIGHLAND AVE.	
CITY-ST-ZIP	TALLEDEGA AL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALLEN JR, R K	
STREET ADDRESS	104 HIGHLAND AVE.	
CITY-ST-ZIP	TALLEDEGA AL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALLEN, W K	
STREET ADDRESS	104 HIGHLAND AVE.	
CITY-ST-ZIP	TALLEDEGA AL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Senisa M. Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-10-03**

**(256) 362-4261**

Date Daytime Phone #

CR2E034 (10/02)