FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:35

DOCUMENT # H54026 (0)

1. Corporation Name
MCNITT CHEVRON FOOD MART, INC.

Principal Place of Business	Mailing Address
3321 44TH AVE. WEST BRADENTON FL 34207	3321 44TH AVE. WEST BRADENTON FL 34207

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/26/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: 59-2520155 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

City & State 23
City & State 26
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip 24 Country 25
Zip 29 Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MCNITT, BUDDY
5755 FORESTER OAK CT.
SARASOTA FL 34243

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MCNITT, BUDDY G.	1.2 NAME	
STREET ADDRESS	5755 FORESTER OAK CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	Vice President ☑ Change ☐ Addition
NAME	MCNITT, JOHN M.	2.2 NAME	MCnitt John M
STREET ADDRESS	160 ST. LUCIE AVE.	2.3 STREET ADDRESS	160 St lucie Ave
CITY-ST-ZIP	SARASOTA FL 34232	2.4 CITY-ST-ZIP	Sarasota Fla 34232
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	MCNITT, CAROL	3.2 NAME	
STREET ADDRESS	5755 FORESTER OAK CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Treasure ☐ Change ☑ Addition
NAME		4.2 NAME	MCnitt Mary
STREET ADDRESS		4.3 STREET ADDRESS	160 St lucie Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Sarasota Fla 34232
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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: Carol A. McNitt 1-2095 813.748.7791
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #
Carol A. McNitt

0337603 CP