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Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H85157 (6)

1. Corporation Name:
PASCO FUEL & FOOD SHOPPE, INC.

Principal Place of Business:
1303 W. MAIN STREET
P O BOX 491257
LEESBURG FL 34749-1257

Mailing Address:
1303 W. MAIN STREET
P O BOX 491257
LEESBURG FL 34749-1257



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/08/1985		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2596269		Applied For ☒ Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$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 ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent MATTICK, WILLIAM 1303 W. MAIN STREET LEESBURG FL 34748				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: _____ (NOTE: Registered Agent's signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MATTICK, WILLIAM A.	1.2 NAME	
STREET ADDRESS	6842 N. SILVER LAKE DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	MATTICK, ANN K.	2.2 NAME	
STREET ADDRESS	6842 N. SILVER LAKE DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 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: William A. Mattick WILLIAM A. MATTICK 03-20-97 352-787-3315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)