

DOCUMENT # J51964

1. Entity Name

DAYTONA FOOD MARTS, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90112 026 ***150.00

Principal Place of Business	Mailing Address
642 CARSWELL AVENUE HOLLY HILL FL 32117	642 CARSWELL AVENUE HOLLY HILL FL 32117-3614

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2760234	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
TUMBLESON, J. DOYLE 150 SOUTH PALMETTO AVENUE DAYTONA BEACH FL 32014

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.

SIGNATURE *William L. Athens* x *1/27/00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	FORNELL, RICHARD H.
STREET ADDRESS	642 CARSWELL AVE.
CITY - ST - ZIP	HOLLY HILL FL
TITLE	STD
NAME	ATHENS, WILLIAM L.
STREET ADDRESS	642 CARSWELL AVE.
CITY - ST - ZIP	HOLLY HILL FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William L. Athens* **WILLIAM L. ATHENS** *1/27/00* **904-252-3411**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #