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PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 06 1998 8:00am Secretary of State

1. Corporation	MENT # J8324° FAST STOP, INC.	1 (6)			1
Principal Place	e of Business	Mailing Address			ALL OLANI BIRIT BIRIT ALAN 1991
* CHARLES 1	e. Pellicer	W CHARLES E. PELLIC	ER		
28 CORDOVA STREET ST. AUGUSTINE FL 32084		28 CORDOVA STREET ST. AUGUSTINE FL 32084		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2817466	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		8. Certificate of Status Desired	Fee Required
City & State	3	City & State		6. Election Campaign Financing	\$5.00 May Be
23	T commu	28	I Causta	Trust Fund Contribution	Added to Fees
Zip	Country 25	Ζιρ 29	Country	 This corporation owes or has paid the corporation of the Personal Property Tax due June 30. 	urrent year Intangible
24	Name and Address of Currer	11		10. Name and Address of New Registered	
PFI	LUCER, CHARLES E.		81 Name	10.	
	CORDOVA STREET		00 00 00		
	AUGUSTINE FL 32064		82 Street Add	dress (P.O. Box Number is Not Acceptable)	,
			83		
			84 City		85 Zip Code
			64 City	Fi Fi	L 85 Zip Code
11. Pursuant t	to the provisions of Sections 607,050 egistered agent, or both, in the State	02 and 607,1508, Florida Statu	ites, the above-named cor	rporation submits this statement for the purpose	of changing its registered
agent. I ar	m familiar with, and accept the oblig	ations of Section 607.0505, F	lorida Statutes.	ation's board of directors. I hereby accept the ap	opointment as registered
SIGNATURE					pointment as registered
SIGNATURE	Signature, typed or printed name of registered agr	ent and bille if applicable (NC	DTE: Registered Agent signature requ	pred when rainstating) DATE	
SIGNATURE	Signature, typed or printed name of registered agr				
SIGNATURE	Signatize, typed or printed name of registered age OFFICERS AN	ent and title it applicable (NCID DIRECTORS	DTE: Rogisterad Agent signature requ	pred when rainstating) DATE	ND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN D HEATON, BERTHA HWY 13 A	ent and title it applicable (NCID DIRECTORS	DTE: Registered Agent signalure requirements 13.	pred when rainstating) DATE	ND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN D HEATON, BERTHA HWY 13 A GREEN COVE SPGS. FL	ent and title it applicable (NCID DIRECTORS	TE: Rogisterad Agent signature requirements 13. 1.1 TITLE 1.2 NAME.	pred when rainstating) DATE	ND DIRECTORS IN 12
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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:

Buth Heata

4/24/98

904-284-160