CORPORATION

ANNUAL REPORT 1995

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:10

DOCUMENT # J94426 (0)

1. Corporation Name

SUPERIOR MINI MART, INC.

Principal Place of Business	Mailing Address
804 SCHOOL AVE SPRINGFIELD FL 32401 US	4630 BAYWOOD DR. LYNN HAVEN FL 32444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1987	3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-2653766	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GALINDO, ROBERTO
4630 BAYWOOD DRIVE
LYNN HAVEN FL 32444

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	GALINDO, ROBERTO	12 NAME		
STREET ADDRESS	4630 BAYWOOD DR.	13 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL	14 CITY-ST-ZIP		
TITLE	ST	21 TITLE		☐ Change ☐ Addition
NAME	GALINDO, ERMA T.	22 NAME		
STREET ADDRESS	4630 BAYWOOD DR.	23 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	ELKING, MARK J.	32 NAME		
STREET ADDRESS	210 ACME LANE	33 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL	34 CITY-ST-ZIP		
TITLE	AST	41 TITLE		☐ Change ☐ Addition
NAME	ELKING, LORRAINE	42 NAME		
STREET ADDRESS	210 ACME LANE	43 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 X (blank).

SIGNATURE: Roberto Galindo
ROBERTO GALINDO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-25-95

(904) 265-4612
Daytime Phone #

0032018 CP