

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90141 032 \*\*\*150.00

DOCUMENT # J94426

1. Corporation Name  
SUPERIOR MINI MART, INC.

Principal Place of Business  
804 SCHOOL AVE  
SPRINGFIELD FL 32401  
US

Mailing Address  
4630 BAYWOOD DR.  
LYNN HAVEN FL 32444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1987

4. FEI Number

59-2853766

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ Yes ☒ No

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ Yes ☒ No

\$5.00 May Be  
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALINDO, ROBERTO  
4630 BAYWOOD DRIVE  
LYNN HAVEN FL 32444

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

3-13-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME GALINDO, ROBERTO  
STREET ADDRESS 4630 BAYWOOD DR.  
CITY-ST-ZIP LYNN HAVEN FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ST ☐ DELETE

NAME GALINDO, ERMA T.  
STREET ADDRESS 4630 BAYWOOD DR.  
CITY-ST-ZIP LYNN HAVEN FL

1.2 NAME ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME ELKING, MARK J.  
STREET ADDRESS 210 ACME LANE  
CITY-ST-ZIP LYNN HAVEN FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE AST ☐ DELETE

NAME ELKING, LORRAINE  
STREET ADDRESS 210 ACME LANE  
CITY-ST-ZIP LYNN HAVEN FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS  
2.4 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 with all other like empowered.

SIGNATURE:

ROBERTO GALINDO

3-13-99

850 265 4682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)