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Apr 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **K46597** (6)  
1. Corporation Name  
**J.J. & W. CONVENIENCE STORES, INC.**



Principal Place of Business: **3601 CYPRESS GARDENS RD SUITE F WINTER HAVEN FL 33884 US**  
Mailing Address: **1308 LAKE MIRROR TERR NW WINTER HAVEN FL 33881-2338 US**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country

2a. Mailing Address  
26 **1308 MIRROR TERR NW**  
27 Suite, Apt. #, etc.  
28 City & State  
29 Zip Country

3. Date Incorporated or Qualified: **11/21/1988**  
3a. Date of Last Report: **03/12/1996**  
4. FEI Number: **59-2930753**  
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

9. Name and Address of Current Registered Agent  
**KONDOR, JAMES O.  
1308 LAKE MIRROR TERR NW  
WINTER HAVEN FL 33881**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): **1308 MIRROR TERRACE NW**  
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 signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	KONDOR, JAMES	
STREET ADDRESS	1308 LAKE MIRROR TERR NW	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	VD	<input type="checkbox"/>
NAME	KONDOR, WILLIAM J.	
STREET ADDRESS	3859 GAINES DR	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	SDT	<input type="checkbox"/>
NAME	KONDOR, JOHN M.	
STREET ADDRESS	2406 BERKSHIRE LANE	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	<b>1308 MIRROR TERRACE NW</b>		
1.4 CITY - ST - ZIP	<b>WINTER HAVEN, FL 33881</b>		
2.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP	<b>WINTER HAVEN, FL 33884</b>		
3.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP	<b>WINTER HAVEN, FL 33884</b>		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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 or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: **James O. Kondor** Date: **11-14-97** Daytime Phone: **941-324-7711**

CR2E034 (9/96)