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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # K65328 (2) 1. Corporation Name QWIK N' EASY FOOD & FUEL INC.	
Principal Place of Business Mailing Address	
GARY L. EVANS GARY L. EVANS GOO MIDWAY RD. FT. PIERCE FL 34961-4311 Mailing Address GARY L. EVANS 6600 MIDWAY RD. FT. PIERCE FL 34961-4311	Date Incorporated or Qualified
	01/31/1989 04/26/1995
Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For
21 26	65-0103243 Not Applicable
Suite, Apt. #, etc.	5. Certificate of Status Desired S8.75 Additional
22 27 City & State City & State	Fee Required
23 28	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be
Zip Country Zip Country 24 25 29 30	This corporation has liability for intangible tax under s 199.032,
9. Name and Address of Current Registered Agent	Fiorida Statutes Yes No 10. Name and Address of New Registered Agent
81 Name	- The second Agent
EVANS, GARY L. 82 Street Ad	Idress (P.O. Box Number is Not Acceptable)
6800 MIDWAY RD.	oress (1.0. box number is not Acceptable)
FT. PIERCE FL 34986	
84 City	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpor registered agent, or both, in the State of Florida. Such change was authorized by the corporation's botamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.	oration submits this statement for the purpose of changing its registered office pard of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature require)	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required). 12. OFFICERS AND DIRECTORS 13.	
TITLE D DELETE 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME EVANS, GARY L. 1.2 NAME	
STREET ADDRESS 6600 MIDWAY RD. 1.3 STREET ADDRESS	
CITY-ST-ZIP FT. PIERCE FL 14 CITY-ST-ZIP	
TILE DELETE 2.1 TITLE	
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STREET ADDRESS 2.3 STREET ADDRESS	☐ Change ☐ Addition
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CITY-ST-ZIP 2.4 CITY-ST-ZIP	
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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 cooriged, or on an attackment with an address.

SIGNATURE: _

ME OF SIGNING OFFICER OR DIRECTOR

4/23/96 407-465-1820