FILE NOW: FILING FEE AFTER MAY 1 IS $25.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:02

DOCUMENT # K80268 (1)

1. Current Name
CHARLOTTE CONVENIENCE, INC.

Name and Address of Current Principal Place of Business
3651 TAMIAMI TRAIL
PT. CHARLOTTE FL 33952

Mailing Address
3651 TAMIAMI TRAIL
PT. CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 04/14/1989
3a. Date of Last Report: 03/31/1994
4. FEI Number: 65-0114028 (Same) ☐ 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

9. Name and Address of Current Registered Agent
GUNDERSON, THOMAS H.
1715 MONROE ST.
FT. MYERS FL 33902

10. Name and Address of New Registered Agent
81 Name: David Behling A.
82 Street Address (P.O. Box Number is Not Acceptable): 23471 Harper Ave
83
84 City: Charlotte Harbor FL 85 Zip Code: 33980

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] DATE 2-09-95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GUNDERSON, THOMAS H.
STREET ADDRESS	14271 BUM BUM CREEK CT.
CITY-ST-ZIP	N. FT. MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	Owner (President)	☒ Change	☐ Addition
1 NAME	David Behling		
1 STREET ADDRESS	23471 Harper Ave		
1 CITY-ST-ZIP	Charlotte Harbor FL 33952		
2 TITLE		☐ Change	☐ Addition
2 NAME			
2 STREET ADDRESS			
2 CITY-ST-ZIP			
3 TITLE		☐ Change	☐ Addition
3 NAME			
3 STREET ADDRESS			
3 CITY-ST-ZIP			
4 TITLE		☐ Change	☐ Addition
4 NAME			
4 STREET ADDRESS			
4 CITY-ST-ZIP			
5 TITLE		☐ Change	☐ Addition
5 NAME			
5 STREET ADDRESS			
5 CITY-ST-ZIP			
6 TITLE		☐ Change	☐ Addition
6 NAME			
6 STREET ADDRESS			
6 CITY-ST-ZIP			

14. I declare to certify that the information required 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 added to the report with an address.

SIGNATURE: [signature] David Andrew Behling 1-18-94 813-627-0219
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

03P00020 CP