FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

1-25-96 B-0259--C (7)

DOCUMENT # **L30864**

1. Corporation Name
CASEY'S ENTERPRISES OF ORLANDO, INC.

Principal Place of Business
909 DENNIS AVENUE
ORLANDO FL 32807

Mailing Address
909 DENNIS AVENUE
ORLANDO FL 32807

3. Date Incorporated or Qualified: 11/16/1989
3a. Date of Last Report: 03/15/1995
4. FEI Number: 59-2983743 — ☐ 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
21 1915 DEBORAH DRIVE
22 Suite, Apt #, etc.
23 City & State: Orlando, FL
24 Zip: 32817 25 Country: U.S.A

2a. Mailing Address
26 1915 DEBORAH DRIVE
27 Suite, Apt #, etc.
28 City & State: Orlando, FL
29 Zip: 32817 30 Country: USA

9. **Name and Address of Current Registered Agent**
CASEY, LARRY H.
909 DENNIS AVENUE
ORLANDO FL 32807

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1915 DEBORAH DRIVE
83
84 City: Orlando FL 85 Zip Code: 32817

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CASEY, LARRY H.	
STREET ADDRESS	909 DENNIS AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	STD	☒ DELETE
NAME	CASEY, KATHLEEN A.	
STREET ADDRESS	909 DENNIS AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	☐ DELETE
NAME	KOEPKE, JAMES	
STREET ADDRESS	711 BENNETT RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	1915 DEBORAH DRIVE	
3.4 CITY-ST-ZIP	Orlando, FL 32817	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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.

SIGNATURE: ✓ [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James R. Koepke, Vice President

Jan 21, 1996 (407) 277-4333
Date Daytime Phone #

CR2E034 (12/95)