

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 25 AM 9:20**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # L48290**

**(5)**

1. Corporation Name

**RICK'S SERVICE STATION, INC.**

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                      |                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>02/01/1990</b>                                                                                               | 3a. Date of Last Report<br><b>04/21/1994</b> |
| 4. FEI Number<br><b>58-2094466</b>                                                                                                                   | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                         | <b>\$8.75 Additional<br/>Fee Required</b>    |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                | <b>\$5.00 May Be<br/>Added to Fees</b>       |
| 8. This corporation has liability for intangibles tax under S. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                              |

|                                                                                    |                                                                           |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 2. Principal Place of Business                                                     | 2a. Mailing Address                                                       |
| <b>C/O DOMENICK CIRACO<br/>301 SOUTH WOODLAND BLVD.<br/>DELAND FL 32720<br/>US</b> | <b>% DOMENICK CIRACO<br/>301 SOUTH WOODLAND BLVD.<br/>DELAND FL 32720</b> |
| 21. Suite, Apt. #, etc.                                                            | 26. Suite, Apt. #, etc.                                                   |
| 22. City & State                                                                   | 27. City & State                                                          |
| 23. Zip                                                                            | 28. Zip                                                                   |
| 24. Country                                                                        | 29. Country                                                               |

|                                                                          |  |
|--------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent                          |  |
| <b>CIRACO, DOMENICK<br/>301 SOUTH WOODLAND BLVD.<br/>DELAND FL 32720</b> |  |

|                                                        |           |
|--------------------------------------------------------|-----------|
| 10. Name and Address of New Registered Agent           |           |
| 81. Name                                               |           |
| 82. Street Address (P.O. Box Number is Not Acceptable) |           |
| 83. City                                               |           |
| 84. State                                              | <b>FL</b> |
| 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 fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

| 12. OFFICERS AND DIRECTORS |                           |
|----------------------------|---------------------------|
| TITLE                      | <b>DP</b>                 |
| NAME                       | <b>CIRACO, DOMENICK</b>   |
| STREET ADDRESS             | <b>1395 W. TAYLOR RD.</b> |
| CITY- ST- ZIP              | <b>DELAND FL</b>          |
| TITLE                      | <b>DST</b>                |
| NAME                       | <b>CIRACO, MARY JANE</b>  |
| STREET ADDRESS             | <b>1395 W. TAYLOR RD.</b> |
| CITY- ST- ZIP              | <b>DELAND FL</b>          |
| TITLE                      | <b>DV</b>                 |
| NAME                       | <b>CIRACO, RICHARD</b>    |
| STREET ADDRESS             | <b>1159 W. TAYLOR RD.</b> |
| CITY- ST- ZIP              | <b>DELAND FL</b>          |
| TITLE                      |                           |
| NAME                       |                           |
| STREET ADDRESS             |                           |
| CITY- ST- ZIP              |                           |
| TITLE                      |                           |
| NAME                       |                           |
| STREET ADDRESS             |                           |
| CITY- ST- ZIP              |                           |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME                                              |                                                                   |
| 1.3 STREET ADDRESS                                    |                                                                   |
| 1.4 CITY- ST- ZIP                                     |                                                                   |
| 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME                                              |                                                                   |
| 2.3 STREET ADDRESS                                    |                                                                   |
| 2.4 CITY- ST- ZIP                                     |                                                                   |
| 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME                                              |                                                                   |
| 3.3 STREET ADDRESS                                    |                                                                   |
| 3.4 CITY- ST- ZIP                                     |                                                                   |
| 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME                                              |                                                                   |
| 4.3 STREET ADDRESS                                    |                                                                   |
| 4.4 CITY- ST- ZIP                                     |                                                                   |
| 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME                                              |                                                                   |
| 5.3 STREET ADDRESS                                    |                                                                   |
| 5.4 CITY- ST- ZIP                                     |                                                                   |
| 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Domenick Ciraco*

**DOMENICK CIRACO**

**4/21/95**

**704-736-752**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRES.**