

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

DOCUMENT # M50119 (0)

1. Corporation Name

PIT STOP FOOD STORES, INC.



Principal Place of Business

26-73 O/S HWAY
MARATHON FL 33050
US

Mailing Address

115-87 3RD AVE OCN
MARATHON FL 33050
US

3. Date Incorporated or Qualified

04/10/1987

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

54-0001973

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

10. Name and Address of New Registered Agent

VASQUEZ FABIO
115-87 3RD AVE OCEAN
MARATHON FL 33050

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

Fabio Vasquez - Fabio VASQUEZ P/

4-29-96

Signature, typed or printed name of registered agent and title if applicable

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	VASQUEZ, AMPERO	
STREET ADDRESS	2001 OVERSEAS HIGHWAY	
CITY - ST - ZIP	MARATHON FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	VASQUEZ, FABIO J	
STREET ADDRESS	115-87 116 ST 3AVE OCEAN	
CITY - ST - ZIP	MARATHON FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	VASQUEZ, FABIO A	
STREET ADDRESS	115-87 116 ST 3AVE OCEAN	
CITY - ST - ZIP	MARATHON FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	VASQUEZ, WILLIAM	
STREET ADDRESS	205 SW 75 ST #B6	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VASQUEZ AMPARO	
1.3 STREET ADDRESS	115-87 3RD AVE OCN	
1.4 CITY - ST - ZIP	MARATHON, FL 33050	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VASQUEZ FABIO J	
2.3 STREET ADDRESS	115-87 3RD AVE OCN	
2.4 CITY - ST - ZIP	MARATHON, FL 33050	
3.1 TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VASQUEZ FABIO A	
3.3 STREET ADDRESS	115-87 3RD AVE OCN	
3.4 CITY - ST - ZIP	MARATHON, FL 33050	
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILLIAM VASQUEZ	
4.3 STREET ADDRESS	1407 NW, 99 TERR.	
4.4 CITY - ST - ZIP	GAINESVILLE, FL 32606	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ANDREA VASQUEZ	
5.3 STREET ADDRESS	444 ORIENTAL POINT	
5.4 CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	FABIAN VASQUEZ	
6.3 STREET ADDRESS	2401 WINDY HILL RD APT 2452P	
6.4 CITY - ST - ZIP	MARIETTA, GA 30067	

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:

Fabio Vasquez P/

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 29/96 305-7436163

CR2E034 (12/95)