

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:47

DOCUMENT # **N23573** (1)

1. Corporation Name

FLORIDA FOOD AND FUEL RETAILERS, INC.

Principal Place of Business

Mailing Address

209 OFFICE PLAZA
TALLAHASSEE FL 32301

209 OFFICE PLAZA
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/20/1987

3a. Date of Last Report
03/17/1994

4. FEI Number
59-2862078

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

RAY, DONALD G
209 OFFICE PLAZA
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

G. Alan Whidby

82 Street Address (P.O. Box Number is not acceptable)

209 Office Plaza

83

84 City

Tallahassee

85 FL

86 Zip Code
32301

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

G. Alan Whidby

3/23/95

(NOTE: Registered Agent signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D
NAME: KOMPFF, MICHAEL
STREET ADDRESS: 9040 ROSWELL RD #500
CITY-ST-ZIP: ATLANTA GA

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE: D
NAME: FOGG, ALAN
STREET ADDRESS: 5800 NW 74TH AVE
CITY-ST-ZIP: MIAMI FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE: D
NAME: MICA, DAVE
STREET ADDRESS: 215 S MONROE ST #800
CITY-ST-ZIP: TALLAHASSEE FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE: D
NAME: BROOKS, PHILLIP W.
STREET ADDRESS: 900 ASHWOOD PKWY #70
CITY-ST-ZIP: ATLANTA GA

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE: CD
NAME: RAY, RONALD G
STREET ADDRESS: 209 OFFICE PLAZA
CITY-ST-ZIP: TALLAHASSEE FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Tallahassee, FL 32301

TITLE: D
NAME: MCALLISTER, RICHARD
STREET ADDRESS: 15310 AMBERLY DR, STE 250 OFF. 16
CITY-ST-ZIP: TAMPA FL

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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

G. Alan Whidby

3/23/95 904-877-5178

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date (Month/Day/Year)