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Mar 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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**

3. Date Incorporated or Qualified

11/20/1987

4. FEI Number

59-2862078

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHIDBY, G. ALAN
209 OFFICE PLAZA
TALLAHASSEE FL 32301**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **KOMPF, MICHAEL**
STREET ADDRESS **9040 ROSWELL RD #500**
CITY-ST-ZIP **ATLANTA GA**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

TITLE **CD** ☐ DELETE

NAME **WHIDBY, G. ALAN**
STREET ADDRESS **209 OFFICE PLAZA**
CITY-ST-ZIP **TALLAHASSEE FL**

5.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

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

6.1 TITLE ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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 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

3/27/98

*550
522-5178*

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