

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:09

DOCUMENT # **P20650** (8)

1. Corporation Name

E-Z SERVE CONVENIENCE STORES, INC.

Principal Place of Business

Mailing Address

2550 NORTH LOOP WEST
SUITE 600
HOUSTON TX 77092-8909
US

2550 NORTH LOOP WEST
SUITE 600
HOUSTON TX 77092-8909
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/26/1988** 3a. Date of Last Report **03/31/1994**

4. FEI Number **76-0257684** 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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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 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 title if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **MCLAURIN, NEIL H.**
STREET ADDRESS **2550 NORTH LOOP WEST STE. 600**
CITY, ST, ZIP **HOUSTON TX**

1 TITLE **C/P/CEO/D** ☒ Change ☐ Addition
17 NAME **MCLAURIN, NEIL H.**
13 STREET ADDRESS **2550 NORTH LOOP WEST, SUITE 600**
14 CITY, ST, ZIP **HOUSTON, TX 77092-8908**

TITLE **VP**
NAME **BLACKMON, MARION H.**
STREET ADDRESS **2550 NORTH LOOP WEST STE. 600**
CITY, ST, ZIP **HOUSTON TX**

21 TITLE **V/D** ☒ Change ☐ Addition
22 NAME **BLACKMON, MARION H.**
23 STREET ADDRESS **2550 NORTH LOOP WEST, SUITE 600**
24 CITY, ST, ZIP **HOUSTON, TX 77092-8908**

TITLE **DS**
NAME **MILLER, JOHN T.**
STREET ADDRESS **2550 NORTH LOOP WEST STE 600**
CITY, ST, ZIP **HOUSTON TX**

31 TITLE **V/CFO/S/D** ☒ Change ☐ Addition
32 NAME **MILLER, JOHN T.**
33 STREET ADDRESS **2550 NORTH LOOP WEST, SUITE 600**
34 CITY, ST, ZIP **HOUSTON, TX 77092-8908**

TITLE **S**
NAME **LAMBERT, HAROLD E.**
STREET ADDRESS **2550 NORTH LOOP WEST STE 600**
CITY, ST, ZIP **HOUSTON TX**

41 TITLE **V/AS** ☒ Change ☐ Addition
42 NAME **LAMBERT, HAROLD E.**
43 STREET ADDRESS **2550 NORTH LOOP WEST, SUITE 600**
44 CITY, ST, ZIP **HOUSTON, TX 77092-8908**

TITLE **T**
NAME **PORTEWIG, RICHARD A.**
STREET ADDRESS **2550 NORTH LOOP WEST STE 600**
CITY, ST, ZIP **HOUSTON TX**

51 TITLE **AT** ☒ Change ☐ Addition
52 NAME **PORTEWIG, RICHARD A.**
53 STREET ADDRESS **2550 NORTH LOOP WEST, SUITE 600**
54 CITY, ST, ZIP **HOUSTON, TX 77092-8908**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE **T/AS** ☐ Change ☒ Addition
62 NAME **BAILEY, BOB E.**
63 STREET ADDRESS **2550 NORTH LOOP WEST, SUITE 600**
64 CITY, ST, ZIP **HOUSTON, TX 77092-8908**

14. I do hereby certify that the information supplied with this report 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 in this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath in Block 12 or Block 13 if changed, or if an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD A. PORTEWIG, ASSISTANT TREASURER

MARCH 27, 1995

(713) 684-4300