

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90024 012 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P20650**

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 77092-8908  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/26/1988**

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 owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21 1824 Hillandale Road**

**26 1824 Hillandale Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23 Durham, NC**

**28 Durham, NC**

**24 27705 25 U.S.**

**29 27705 30 U.S.**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE **P/CEO** ☒ Change ☐ Addition  
1.2 NAME **Jenkins, Charles B.**  
1.3 STREET ADDRESS **880 West Commerce Road, Suite 400**  
1.4 CITY-ST-ZIP **Harahan, LA 70123**

TITLE **P** ☒ DELETE  
NAME **CALLAHAN-GUION, KATHLEEN**  
STREET ADDRESS **2550 N LOOP W STE 600**  
CITY-ST-ZIP **HOUSTON TX 77092**

2.1 TITLE **V/CFO** ☒ Change ☐ Addition  
2.2 NAME **Bentley, Charles A.**  
2.3 STREET ADDRESS **1824 Hillandale Road**  
2.4 CITY-ST-ZIP **Durham, NC 27705**

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

3.1 TITLE **T/AS** ☒ Change ☐ Addition  
3.2 NAME **Beasley, J. Kevin**  
3.3 STREET ADDRESS **1824 Hillandale Road**  
3.4 CITY-ST-ZIP **Durham, NC 27705**

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

4.1 TITLE **AT/AS** ☒ Change ☐ Addition  
4.2 NAME **Boone, Wayne D.**  
4.3 STREET ADDRESS **880 West Commerce Road, Suite 400**  
4.4 CITY-ST-ZIP **Harahan, LA 70123**

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **TAS** ☒ DELETE  
NAME **BAILEY, BOB E.**  
STREET ADDRESS **2550 NORTH LOOP WEST, STE 600**  
CITY-ST-ZIP **HOUSTON TX**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Richard Portewig** **2/18/99** **(713) 684-4300**

CR2E034 (11/98)