

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P20650** **AMENDED ANNUAL REPORT**
1. Corporation Name **E-Z Serve Convenience Stores, Inc.**

FILED
99 NOV 22 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1824 Hillandale Road 1824 Hillandale Road
Durham, NC 27705 Durham, NC 27705

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

August 2, 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. ☐ Yes ☐ No

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

900003060899--7

-12/06/99-01088-0146

*******71.00 *****70.00**

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

TITLE Pres./CEO
NAME Jenkins, Charles B.
STREET ADDRESS 880 W. Commerce Rd., Ste. 400
CITY-STATE Harahan, LA 70123

☐ DELETE

TITLE VCFO
NAME Bentley, Charles A.
STREET ADDRESS 1824 Hillandale Road

☐ DELETE

CITY-STATE Durham, NC 27705

TITLE Treas./Asst. Sec.
NAME Beasley, J. Kevin
STREET ADDRESS 1824 Hillandale Road
CITY-STATE Durham, NC 27705

☐ DELETE

TITLE Asst. Treas./Asst. Sec.
NAME Boone, Wayne
STREET ADDRESS 880 W. Commerce Road, Ste 400
CITY-STATE Harahan, LA 70123

☒ DELETE

TITLE Asst. Treas.
NAME Portewig, Richard A.
STREET ADDRESS 2550 North Loop West, Ste 600
CITY-STATE Houston, TX

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Pres./COO
12 NAME Jenkins, Charles B.
13 STREET ADDRESS 1824 Hillandale Road
14 CITY-STATE Durham, NC 27705

☒ Change ☐ Addition

21 TITLE EVP/CFO
22 NAME Bentley, Charles A.
23 STREET ADDRESS 1824 Hillandale Road
24 CITY-STATE Durham, NC 27705

☒ Change ☐ Addition

31 TITLE Secretary/Treasurer
32 NAME Beasley, J. Kevin
33 STREET ADDRESS 1824 Hillandale Road
34 CITY-STATE Durham, NC 27705

☒ Change ☐ Addition

41 TITLE Exec. Vice Pres.
42 NAME James L. Card
43 STREET ADDRESS 325 John Knox Road, Bldg. M-100
44 CITY-STATE Tallahassee, FL 32303

☐ Change ☒ Addition

51 TITLE Co-Chairman/Exec. Off.
52 NAME Hamner, Clay W.
53 STREET ADDRESS 1824 Hillandale Road
54 CITY-STATE Durham, NC 27705

☐ Change ☒ Addition

61 TITLE Co-Chairman/Exec. Off.
62 NAME Rogers, Wayne M.
63 STREET ADDRESS 1824 Hillandale Road
64 CITY-STATE Durham, NC 27705

☐ Change ☒ Addition

SP

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 indicates that 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-19-99 (850) 422-7770

CR2E034 (5/99)