FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 4:09

DOCUMENT # P92000008804 (6)

1. Corporation Name

HUBER'S CONVENIENCE, INC.

Principal Place of Business	Mailing Address
3605 N. LOCKWOOD RIDGE ROAD SARASOTA FL 34234	3605 N. LOCKWOOD RIDGE ROAD SARASOTA FL 34234
3605 N. Lockwood Ridge Rd	3605 N. Lockwood Ridge Rd.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/24/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 -	Suite, Apt. # etc. 27 -
City & State 23 SARASOTA FL	City & State 28 SARASOTA, FL
Zip / Country 24 34234 / 25 U.S.A.	Zip / Country 29 34234 / 30 U.S.A.

4. FEI Number: 65-0370268 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HUBER, JOSEPH C 3605 N. LOCKWOOD RIDGE ROAD SARASOTA FL 34243	81 Name: Declan E. Huber 82 Street Address (P.O. Box Number is Not Acceptable) 83 3605 N. Lockwood Ridge Rd. 84 City: Sarasota FL 85 Zip Code: 34243

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: X _____ _____ _____
(If changing registered agent, registered agent must sign) (If not, registered agent's signature not necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	71 TITLE	President ☒ Change ☐ Addition
NAME	HUBER, JOSEPH C	72 NAME	Declan E. Huber
STREET ADDRESS	7011 PROSPECT ROAD	73 STREET ADDRESS	3605 N. Lockwood Ridge Rd.
CITY ST ZIP	SARASOTA FL 34243	74 CITY ST ZIP	Sarasota, FL 34243
TITLE		75 TITLE	V.P ☐ Change ☒ Addition
NAME		76 NAME	Mollie C. Huber
STREET ADDRESS		77 STREET ADDRESS	3605 N. Lockwood Ridge Rd.
CITY ST ZIP		78 CITY ST ZIP	Sarasota, FL 34243
TITLE		79 TITLE	Sect. ☐ Change ☒ Addition
NAME		80 NAME	Hagan H. Huber
STREET ADDRESS		81 STREET ADDRESS	3605 N. Lockwood Ridge Rd.
CITY ST ZIP		82 CITY ST ZIP	Sarasota, FL 34243
TITLE		83 TITLE	Tres. ☐ Change ☒ Addition
NAME		84 NAME	Gene Rashid
STREET ADDRESS		85 STREET ADDRESS	3605 N. Lockwood Ridge Rd.
CITY ST ZIP		86 CITY ST ZIP	Sarasota, FL 34243
TITLE		87 TITLE	☐ Change ☐ Addition
NAME		88 NAME	
STREET ADDRESS		89 STREET ADDRESS	
CITY ST ZIP		90 CITY ST ZIP	
TITLE		91 TITLE	☐ Change ☐ Addition
NAME		92 NAME	
STREET ADDRESS		93 STREET ADDRESS	
CITY ST ZIP		94 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 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.

SIGNATURE: X _____ 3/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0340008 CP

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DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 MAR 29 PM 4:08

DOCUMENT # **P92000010236 (7)**

1. Corporation Name
FIFTEENTH STREET LAND COMPANY

Principal Place of Business	Mailing Address
P.O. BOX 826 TELLEVAST FL 34270-0826	P.O. BOX 826 TELLEVAST FL 34270-0826

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1992
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business 21
2a. Mailing Address 26

Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30

4. FEI Number: 65-0379246 ☐ 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

9. Name and Address of Current Registered Agent

KENT, WENDEL F
6121 RICHARDSON RD.
SARASOTA FL 34240

10. Name and Address of New Registered Agent

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
(If changing Registered Agent, Signature of New Registered Agent required) (If changing Registered Agent, Signature of Former Registered Agent required) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KENT, WENDEL F.	12 NAME	
STREET ADDRESS	6121 RICHARDSON RD.	13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 added to the above officer or director listing.

SIGNATURE: Wendel Kent
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
Wendel F. Kent, President

22 March 1995 (Date) 813-371-0041 (Daytime Phone #)

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 23 PM 4:08

DOCUMENT # **P92000010255 (7)**

1. Corporation Name
GILLETTE LAND COMPANY

Principal Place of Business	Mailing Address
P.O. BOX 826 TELLEVAST FL 34270-0826	P.O. BOX 826 TELLEVAST FL 34270-0826

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1992
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

4. FEI Number: 65-0370255 ☐ 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

9. Name and Address of Current Registered Agent

KENT, WENDEL F
6121 RICHARDSON RD.
SARASOTA FL 34240

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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 of current or new registered agent authorized above) (DATE) (Registered Agent signature required when name changed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KENT, WENDEL F.	12 NAME	
STREET ADDRESS	6121 RICHARDSON RD.	13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	KENT, PETER E	22 NAME	
STREET ADDRESS	7235 SADDLE CREEK CIR	23 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	WHITE, ELIZABETH T	32 NAME	
STREET ADDRESS	3611 QUAIL HOLLOW PALCE	33 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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.

SIGNATURE: Wendel F. Kent 22 March 1995 813-371-0041
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Wendel F. Kent, President