

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90167 040 ***150.00

DOCUMENT # P92000011206

1. Corporation Name
QUIK TRIP CORP



Principal Place of Business
7401 4TH STREET NORTH
ST PETERSBURG FL 33702

Mailing Address
7401 4TH STREET NORTH
ST PETERSBURG FL 33712

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1787 INDIAN ROCKS RD
Suite, Apt. #, etc.

22 City & State
23 LARGO, FL

24 Zip 33774 Country

2a. Mailing Address

26 1787 INDIAN ROCKS
Suite, Apt. #, etc.

27 City & State
28 LARGO, FL

29 Zip 33774 Country

3. Date Incorporated or Qualified

12/09/1992

4. FEI Number
59-3154819

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

9. Name and Address of Current Registered Agent

HALAWEN, MICHAEL K
7401 4TH STREET NORTH
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name MICHAEL HALAWEN
82 Street Address (P.O. Box Number is Not Acceptable)
1787 INDIAN ROCKS RD
83 LARGO, FL 33774
84 City LARGO, FL 85 Zip Code FL

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: M K Halawen PRESIDENT

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 P
NAME HALAWEN, MICHAEL K
STREET ADDRESS 7401 4TH STREET, NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33702 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME MICHAEL K HALAWEN
1.3 STREET ADDRESS 1787 INDIAN ROCKS RD
1.4 CITY-ST-ZIP LARGO, FL 33774 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ 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 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: M K Halawen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

(727) 588-9142

Daytime Phone #

CR2E034 (11/98)

0405504