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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300003220 1. Corporation Name

Principal Place of Business

TONY'S MOBIL MART, INC.

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90056 036 ***150.00



100 SOUTH RID DAYTONA BEAC	GEWOOOD AVENUE CH FL 32114	100 SOUTH RIDGEWOOOD A DAYTONA BEACH FL 32114	100 SOUTH RIDGEWOOOD AVENUE DAYTONA BEACH FL 32114			DO NOT WRITE IN THIS SF	PACE		
			-	~==		3. Date Incorporated or Qualifed 01/07/1993			
Principal Place of Business 2a. Mailing Address						4. FEI Number	1	Applied For	
26						59-3157749	1	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							\$8.75 Additional Fee Required		
City & State City & State						6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country Zip Co. 25 29 30			ry		This corporation owes the current year Intang Personal Property Tax.	jible Yes	□No	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Ag	elqt		
			8	1	Name	,	`		
CHANG, CECILIA K 100 SOUTH RIDGEWOOD AVENUE				2	Street Addr	ess (P.O. Box Number is Not Acceptable)			
DAY1	TONA BEACH FL 32114		8	3					
		:			City	FL i	'	o Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes to office or registered agent, or both, in the State of Florida. Such change was author					named corp	oration submits this statement for the purpose of choos board of directors. I hereby accept the appointm	anging i	ts_registered registered	
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 age	ant and title if applicable (NOTE: R	poietered An	ant si	ianature required	d when reinstating) DATE			
12.		ND DIRECTORS	13.		igratare require	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	FORS IN 12	
TITLE	D	DELETE	1.1 TITLE] Change		
NAME	CHANG, CECLIA K		1.2 NAME	E				1	
STREET ADDRESS	A A A A A A A A A A A A A A A A A A A				DDRESS				
CITY-ST-ZIP				1.4 CITY-ST-ZIP				}	
TITLE	DELETE		_	2.1 TITLE			Change	Addition	
NAME		-	2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS		DDRESS			ļ	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			·	•	(
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NAME		•	3.2 NAMI	Ε		`		. ,	
STREET ADDRESS			3.3 STRE		DDRESS		*,	-	
CITY-ST-ZIP	1		34 CITY	3.4. CITY-ST-ZIP			,		
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NAME			. 4.2 NAM	Æ					
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CITY-ST-ZIP			4.4 CITY	-ST-Z	ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	e 🔲 Addition	
NAME			5.2 NAMI	E					
STREET ADDRESS			5.3 STRE	ET A	DDRESS				
CITY-ST-ZIP			5.4 CITY	-ST-Z	ZIP				
TITLE		☐ DELETE	6.1 TITLE				Chang	e 🖺 Addition	
NAME			6.2 NAM	Ε	1		-		
STREET ADDRESS			6.3 STRE	EETAI	DORESS			ľ	
OTTY OT 710			6.4 CITY)	

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.