

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED

95 MAY 11 AM 10:10

SECRET
TELEPHONE

DOCUMENT # **P93000011372 (8)**

1. Corporation Name
BIG FIVE CONVENIENCE STORE, INC.

Principal Place of Business: **601 SAGINAW AVENUE CLEWISTON FL 33440**
Mailing Address: **601 SAGINAW AVENUE CLEWISTON FL 33440**

DO NOT WRITE IN THIS SPACE

3. (Date incorporated or Qualified) 02/08/1993	3a. Date of Last Report 08/17/1994
4. FEI Number 65-0388602	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This filing is made voluntarily. See paragraph 100.005 Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Scale, Apt # etc. 22	Scale, Apt # etc. 27
City & State 23	City & State 28
City 24	State 25
City 29	State 30

9. Name and Address of Current Registered Agent
**GONZALEZ, ELVIRA
601 SAGINAW AVENUE
CLEWISTON FL 33440**

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 607.01(1) and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of principal place of business 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 provisions of Sections 607.01(1) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME PTD GONZALEZ, ELVIRA 601 SAGINAW AVE. CLEWISTON FL 33440	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME SVD RAMOS, MARIO 601 SAGINAW AVE. CLEWISTON FL 33440	2. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	3. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	4. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	6. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	7. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME	8. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 131.07(3)(b), Florida Statutes. I further certify that the information included 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 incorporated to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Elvira Gonzalez*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/26/95 (813) 988-7865