## 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

## DOCUMENT # P93000032648

TITLE

NAME

STREET ADDRESS

R & R CONVENIENCE STORE, INC.

	•							
Principal Place of Business Mailing Address							MILL MALES (1910 (1910 MILL)	U1901 (B1)   1801
1105 US HWY 98 SOUTH		1105 US HWY 98 SOUTH				-		
		LAKELAND FL 33801				DO NOT WINE	IN TURO OD LOE	
						DO NOT WRITE	IN THIS SPACE	
	•				ļ	3. Date Incorporated or Qualifed 05/03/1993		į
2 Data da al Di	lane of Business	2a. Mailing Address				4. FEI Number	Ι Δ	pplied For
¬						59-3186250	<u> </u>	ot Applicable_
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75	Additional
22		27				5. Certificate of Status Desired . [	Fee R	equired
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		<b>28</b>		Y	Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Coun	try		8. This corporation owes the current	· <u>-</u>	
24	25		30			Personal Property Tax.	☐ Yes	□No
wa.	9. Name and Address of Current	Registered Agent		81 Name		10. Name and Address of New Reg	istered Agent	
MAR	TIN, STEPHEN M			o i Name	•			
1125 US 98 SOUTH			[i	82 Street	Address	dress (P.O. Box Number is Not Acceptable)		
LAKELAND FL 33802			<u> </u>	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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).								
12.	Signature, typets or printed name of registered agen OFFICERS AN		13.	geni signature	required wi	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITL	.E	Τ		☐ Change	Addition
NAME	PATEL, KAMLESH C		1.2 NAN	Æ		·		
STREET ADDRESS	1105 US HWY 98 SOUTH		1.3 STR	REET ADDRESS	3			
CITY-ST-ZIP	LAKELAND FL 33801		1.4 CIT	Y-ST-ZIP				
TITLE	S	□ DELETE	2.1 TITL	E		•	Change	☐ Addition
NAME	PATEL, VANDNA C		2.2 NAM	ΛE				
STREET ADDRESS	1105 US HWY 98 SOUTH		2.3 STR	REET ADDRESS	3			
CITY-ST-ZIP	LAKELAND FL 33801		2.4 CfT	Y-ST-ZIP				
TITLE	,	☐ DELETÉ	3.1 TITL	£			Change	Addition
NAME			3.2 NAM	ME				
STREET ADDRESS	,		3.3 STR	REET ADDRESS	3			
CITY-ST-ZIP			-	Y-ST-ZIP			Change	Addition
TITLE .	·	☐ DELETE	4.1 TITL			•	☐ Change	Addition
NAME		•	4, 2 NA					
STREET ADDRESS	+			REET ADDRESS	3			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	_	Y-ST-ZIP	+ -		☐ Change	Addition
TITLE			5.1 TITL 5.2 NAM					L Modifical
NAME				REET ADDRESS			•	
STREET ADDRESS				Y-ST-ZIP	1	•		
CITY-ST-ZIP	•		5.4 CIT	1-31-417	1			

CITY-ST-ZIP 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

□ DELETE

K PATEL 04/26/99 941 6 822462

Change

Addition

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90126 048 \*\*\*150.00