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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000067251 (7)

HANDY PANTRY OF ORLANDO INC.

Principal Place of Business

Mailing Address

FILED May 09 1997 8:00am Secretary of State



522 E AMELIA ORLANDO FL S		522 E AMELIA ST ORLANDO FL 32803-5310	8					
		_			 Date Incorporated or Qualified 09/16/1993 	3a. Date of Last Report 03/18/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		AF	plied For
21		26		59-3200987		No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	0	City & State	······································		6. Election Campaign Financing		\$5.00	May Be
23	•	28			Trust Fund Contribution		Added	
Zip	Country Zip Cou		Countr	8. This corporation has liability for intangible tax under s. 199.032,				
24	25 29 30				Florida Statutes System No			
	 9, Name and Address of Cu 	urrent Registered Agent			10. Name and Address of New Reg	gistered Age	int	
PATI	EL, MAYUR R		81	Name	· · · · · · · · · · · · · · · · · · ·			
522 E AMELIA ST				Street Add	dress (P.O. Ray Number is Not Acceptable)			
ORLANDO FL 32803				Street Aud	treet Address (P.O. Box Number is Not Acceptable)			
One	ANDO I E GEOGG		83					
			L					···
			84	City		FL	35 Zip (Code
11 Duray and	to the provisions of Sections 607	2.0502 and 607 1508 Florida Stat	utoc the abov	o named cor	poration submits this statement for the p		anging if	e roneteron
office or r	egistered agent, or both, in the \$	State of Florida Such change was obligations of, Section 607.0505, I	s authorized b	y the corpora	ation's board of directors. I hereby accep	t the appoin	ment as	registered
SIGNATURE								
	Signative typed or printed name of registers	·······		ent signature requ	ired when reinstating)	DATE	SECTOR	10.01.40
12. 	· · · · · · · · · · · · · · · · · · ·	S AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC		Change	Addition
TITLE	D	☐ bereie	1.1 TATLE	-		Ļ	Charige	L. Audilioi
NAME	PATEL, MAYUR R		1.2 NAME]				
STREET ADDRESS	522 E AMELIA ST	•	1.3 STREE	T ADDRESS				
CITY - \$1 - ZIF	ORLANDO FL 32803		1.4 CfTY-	ST-ZIP				
THE		☐ DELETE	2.1 TITLE				Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		*. \$ 1"		
TITLE		DELETE	3 1 TITLE				Change	Addition
NAME			32 NAME					
STREET ADDRESS				T ADDRESS				
CHY-ST-ZIP TITLE		☐ DELETE	3.4. CITY - 4.1 TITLE	- 31 - ZIF		· · · · · · · · · · · · · · · · · · ·	Change	Addition
Į			- I	.	•	L.,_	Si vo i Ra	Addition
NAM:			4. 2 NAME	- 1				
STREET ADDRESS				T ADDRESS				
CITY - ST - ZIF		- I pour	4.4 CITY-	ST-ZIP			Ob	Lagre
1/fLF		☐ DELETE	5.1 TITLE			ليبا	Change	Addition
NAME			52 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CHY-ST-ZIP			5.4 CITY+	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME		700000218	622	7	_
STREET ADDRESS				T ADDRÉSS	70000218 -05/21/970102 ***550.00	22 N2E	. 6	S
i					###EEU UU 03\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	.coc.3	<u> </u>	5/9/97
CITY-SI-7/2	by costify that the information rule	aplied with this filing does not out	6.4 CITY-		ポテランリ。ロリ ed in Section 119 07(3Vi), Florida Statutes	. I fuether or	-Ed. thou	

recommency centify that the importation supplied with this siming 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 it cleaned, or on an attachment with an address,