Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999

Suite, Apt. #, etc.

SIGNATURE:

City & State



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300069744 1. Corporation Name

PLANT CITY BLIMPIE TEXACO LEASING CORP.

Principal Place of Business Mailing Address C/O UNITED CORPORATE SERVICES INC. 1775 THE EXCHANGE 801 N.E. 167TH STREET STE. 300 N. MIAMI BEACH FL 600 ATLANTA GA 30339 US 2. Principal Place of Business 2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

APPHUVE AND

99 JAN 11 PM 4: 24

SECNETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

10/07/1993

65-0457519

4. FEI Number

23	28					Trust Fund Contribution Added to Fees	
Zip	Country	Zip Cou				8. This corporation owes the current year Intangible	
24	25	29			Personal Property Tax.		
	<ol><li>Name and Address of Current F</li></ol>	Registered Agent				10. Name and Address of New Registered Agent	
		·		81	Name	•	
UNITED CORPORATE SERVICES, INC.				82	Street 6	address (P.O. Box Number is Not Acceptable)	
801 N.E. 167TH STREET				Oli Col A			
STE. 300			83		——————————————————————————————————————		
N. MIAMI BEACH FL							
				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 tille it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	DELET	TE.	1.1 TUILE		☐ Change ☐ Addition	
NAME	SIEGEL, DAVID L			1,2 NAME	ľ		
STREET ADDRESS	740 BROADWAY 12TH FL		1	1.3 STREET	ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10003	,	•	1.4 CITY-ST	1		
TITLE	P	- DELET		2.1 TITLE		Change ☐ Addition	
NAME	POMPEO, PATRICK		1	2.2 NAME		1000027433514	
STREET ADORESS	740 BROADWAY		- 1	2.3 STREET	ADDRESS	-U[/[5/33U1U2U**-U15	
CITY-ST-ZIP	NEW YORK NY			2. 4 CITY-ST	)	10002743号等1	
TITLE	VSD	DELE1		3.1 TITLE	-2.01	☐ Change ☐ AdditIon	
NAME	LEANESS, CHARLES			3.2 NAME	{		
STREET ADORESS	740 BROADWAY 12TH FL		ı,	3,3 STREET.	ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10003			3.4. CITY-ST			
TITLE	TAS	☐ DELET		4.1 TITLE		☐ Change ☐ Addition	
NAME	MORGAN. JOSEPH			4, 2 NAME	Ì	,	
STREET ADDRESS	740 BROADWAY 12TH FL			4.3 STREET	ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10003		ı,	4.4 CITY-ST	-ZiP		
TILE		DELET		5.1 TITLE		☐ Change ☐ Addition	
NAME			1	5.2 NAME	i		
STREET ADDRESS			[ :	5.3 STREET	ADDRESS	N Ob Asset	
CITY-ST-ZIP			1:	5.4 CITY-ST	-ZIP	161 1111	
TITLE		☐ DELET	E	6.1 TITLE		☐ Change ☐ Addition	
NAME			Į,	6.2 NAME	ļ	•	
STREET ADDRESS				6.3 STREET	ADDRESS	Ì	
CITY-ST-ZIP			Į,	6.4 CITY-ST	-zip		
14. I hereby certify that the information supplied with this filling 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 معروب المعروب المع							