[illegible]

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL 25 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000029096 (2)

1. Corporation Name
IN-N-OUT CONVENIENCE STORE, INC.

Principal Place of Business
1805 E. SEMORAN BLVD.
APOPKA FL 32703
3048 ALOMA AVE
WINTER PARK, FL. 32792

Mailing Address
1805 E. SEMORAN BLVD.
APOPKA FL 32703
Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1994
3a. Date of Last Report:

2. Principal Place of Business
21 3048 ALOMA AVE
Suite, Apt #, etc. 22
City & State 23 WINTER PARK, FL.
Zip 24 32792 Country 25 ORANGE

2a. Mailing Address
26 3048 ALOMA AVE
Suite, Apt #, etc. 27
City & State 28 WINTER PARK, FL.
Zip 29 32792 Country 30 ORANGE

4. FEI Number 59-3234990 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ALKHATEEB, ZIAD
1805 E. SEMORAN BLVD.
APOPKA FL 32703

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 607.0502 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 the capacity NOTE: Registered Agent signature required when resigning DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALKHATEEB, ZIAD
STREET ADDRESS	1805 E. SEMORAN BLVD.
CITY ST ZIP	APOPKA FL 32703
TITLE	
NAME	ALKHATEEB, ZIAD
STREET ADDRESS	3048 ALOMA AVE
CITY ST ZIP	WINTER PARK, FL. 32792
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 is on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-95 Date (407) 672 0592 Daytime Phone #

CR2E034 (3/95)

0000173 CP