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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000041596 (5)

FILED
Jan 16 1998 8:00am
Secretary of State

HI-WAY	MART OF PALATKA, INC	•		I JARIJARI (JR JRIN) AJRIJ RAGIJ RAGIJ RAGIJ AJRIJ	NICE STAND ALARM STATE LATTE STATE FORE
Principal Plac	ce of Business	Mailing Address		1 109(109) 110 100)4 01014 00141 00146 00	141 MINNI 11001 01110 16110 6111 1801
3810 CRILL A		3810 CRILL AVE		·	
PALATKA L 3	92177	PALATKA FL 32177 US		DO NOT WRITE IN	THIS SPACE
55		•		3. Date Incorporated or Qualified	
				05/31/1994	
	Place of Business	2a, Mailing Address	11.	4. FEI Number	Applied For
21 3810	Crick Aur	26 3810 Clive	C AU.	59-3255598	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Cortificate of Status Desired	\$8.75 Additional
Cijy & Stat	^	City R State			Fee Required
23 GARHER FL.		28 HOLATES FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
ادگی	Country	32127	Country	8. This corporation owes or has paid the	
24 204	9 Name and Address of Curr		30 Rutham	Personal Property Tax due June 30. 10. Name and Address of New Register 10. Personal Property Tax due June 30.	Yes No
RD	OWN, ELAINE N	on riogistorou Agent	81 Name	10. Name and Address of New Hegist	orda Agent
ASON LEVINTON AVENUE				ress (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32210				ress (F.O. DOX Number is NOt Acceptable)	
			83		
			84 City		85 Zip Code
dd Durauani	to the provisions of Continue CO7 Of	00 504 007 1/00 514/14- 014/14			FL
office or r	registered agent, or both, in the Sta im familiar with, and accept the obt	te of Florida, Such change was a lostions of Section 607 0505. Etc	is, the above-hamed corporal uthorized by the corporal rida Statules	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	e appointment as registered
SIGNATURE	•		inda Olatotos.		
Sidifatori.	Signature, typed or printed name of registered a		Registered Agent signature requi	red when roustating) (1	ĄTĘ
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	BASS, KEVIN	∐ DELETE	1.1 1ITLE		Change Addition
NAME OTRICI ADDRESS	3510 PARK ST		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	PALATKA FL		1.3 STREET ADDRESS		Įį,
TITLE	V	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	BASS, OPAL D		2.2 NAME		
STREET ADORESS	3510 PARK ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL		2. 4 CITY-ST-ZIP		
TITLE)	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREFT ADDRESS		
CITY-ST-ZIP			3.4. CITY+ST-7IP		
TITLE , ,		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CHY+S1-7IP 5.1 THLE		Change Addition
NAME :		Detroit	5.2 NAME		El onango El Montion
STREET ADDRESS	40		5.3 STREET ADDRESS		· ·
CITY-S1-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-St-Zip			6 4 CITY- ST- ZIP		
14 Lherehy c	edify that the information supplied	with this filme does not qualify for	the exemption stated in	Section 119 07/3\(ii) Florida Statutos I furth	or certify that the information

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 fursies powered 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.

Russe B

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