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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000080702

1. Corporation Name

PARKWAY FOOD MART, INC.

| Principal Place of Business | Mailing Address |
|---------------------------------------|---------------------------------------|
| 6365 W. HWY 192 KISSIMMEE FL 34747 | 6365 W. HWY 192 KISSIMMEE FL 34747 |
| | |

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90077 033 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/31/1994 4. FEI Number Applied For Mailing Address Principal Place of Business 59-3275937 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box Added to Fees 28 Trust Fund Contribution 23 Zip Country Zip Country 8. This corporation owes the current year Intangible ZN0 30 Personal Property Tax. ☐ Yes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 KATBEH, WAJEH Street Address (P.O. Box Number is Not Acceptable) 7574 PARK SPRINGS CIRCLE ORLANDO FL 32835 83 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETE Change ☐ Addition TITLE DPS 1.1 TITLE NAME KATBEH, WAJEH 7574 PARK SPRINGS CIRCLE 13 STREET ADDRESS STREET ADDRESS ORLANDO FL 32835 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition TITLE 2.1 TITLE KATBEH, WAIL 2.2 NAME NAME 2310 BAESIL VIEW DR. 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32835 2. 4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Addition ☐ Change TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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 repustee 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 attath an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

ING OFFICER OR DIRECTOR