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

FILED Jan 22 1997 8:00am Secretary of State

1997

DOCUMENT # **P9400083093 (2)**

D J MOBIL FOOD MART, INC.

Principal Placi 7300 CURRY FO	ORD RD.	Mailing Address 7300 CURRY FORD RD ORLANDO FL 32822-79		· · · · · · · · · · · · · · · · · · ·					
ONLANDO PL 3	cacc.	ONDMIDO TE GEORESTO	20		Date Incorporated or Qualifier 11/14/1994	d 3a. Date o	of Last Repo	rt	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 59-3301738		Applie	ed For pplicable	
Suite, Apt #, etc		Suite, Apt. #, etc		and act act act and a second s	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip Country 25		Zip 29	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \square No				
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New	Registered Age	nt		
	iesus, ismae l		81	Name					
) Curry Ford Rd. Ando Fl 32822		82	Street Add	dress (P.O. Box Number is Not Accep	table)			
			83						
			84	City		FL	35 Zip Cod	le .	
office or r	egistered agent, or both, in the State in familiar with and accept the oblig Secalar type for participating leading	e of Florida, Such change wa ations of, Section 607,0505,	as authorized by , Florida Statutes	the corpora	rporation submits this statement for th ation's board of directors. I hereby acc pired when renstating)	cept the appoint	ment as reg	istered	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OF	····			
TUTLE	D	[_] DELETE	1 1 TITLE 1 2 NAME		•	L	Change L	Addition	
NAME.	DE JESUS, ISMAEL 7300 CURRY FORD RD.			Apphron					
STHEET ADDRESS GITY ST-ZIP	ORLANDO FL 32822		1 3 STREET 1 4 City - S	j					
THEF	91041001151011-	☐ DELETE	21 TITLE				Change _	Addition	
NAME			22 NAME						
STREET ADDRESS			2.3 STREET	1					
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C(TY+S1+7)P			3.4 CITY-	ST-ZIP					
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NAME:			4. 2 NAME		-01/23/9701	008011			
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-C-TY-S1-ZIP THLE		DELETE	4.4 CITY - 5 5.1 TITLE	SI-ZIP		L	Change	Addition	
NAME		-	5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS			•		
CiTY+ST+ZiP			5.4 CITY - S	ST-ZIP					
1111		DELETE	6.1 TITLE				Change [Addition	
NAME			6.2 NAME					\ ~	
STREET ACURESS			63 STAFE	ADDRESS			()	y / A.	

14. If do 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 supplicmental 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 on an attachment with an address.

SIGNATURE

GNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIR

407.381.4866