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PROFIT CORPORATION ANNUAL REPORT

1998

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Feb 04 1998 8:00am

Secretary of State

CR2E034 (10/97

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000034365 (3)

KINGS MEADOW CONVENIENCE CENTER, INC.

Principal Place of Business Mailing Address 172 W FLAGLER ST 172 W FLAGLER ST SUITE 310 SUITE 310 DO NOT WRITE IN THIS SPACE MIAMI FL 33130 MIAMI FL 33130 3. Date incorporated or Qualified 05/03/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0598892 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State Crty & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 10, Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GRAGG, K. LAWRENCE 200 S BISCAYNE BLVD Street Address (P.O. Box Number is Not Acceptable) **SUITE 4900 MIAMI FL 33131** 83 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 little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ☐ Change TITLE 11 THLE BLOCK, HENRY R NAME 1.2 NAME 172 W FLAGLER ST SUITE 310 1.3 STREET ADDRESS STREET ADDRESS FT MYERS FL 33907 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE THOMAS, JACK K JR NAME 2 2 NAME 7181 COLLEGE PKWY #40 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33907 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 Title NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE 41 111LF Channe Addition 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - S1 - ZIP THLE DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-S1-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 trustee empowers to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapter 607, and that my name appears in Block 13 if chapter 607. 1-30-98 (305)358-5511