

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000039529

1. Corporation Name

SUN CITY CHEVRON FOOD MART INC.

Principal	Place o	f Business

Mailing Address

711 CYPRESS VILLAGE BLVD.

May 06, 1999 8:00 am Secretary of State

05-06-1999 90052 022 ***150.00



SUN CITY FL 3	3573	SUN CITY FL 33573						
					DO NOT WRITE IN THIS SI 3. Date Incorporated or Qualified	PACE		
		•			05/18/1995			
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	T A	pplied For	
21	ides of pasificss	26			59-3314300	 - - 	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				<u> </u>	Additional	
22	•	27			5. Certifcate of Status Desired		equired	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year Intang	gible		
24	25	29	30		Personal Property Tax.			
	9. Name and Address of	Current Registered Agent			10. Name and Address of New Registered Ag	jent		
CANA	AUA CHADITE M			81 Name				
SAMAHA, CHARLES M				82 Street Address (P.O. Box Number is Not Acceptable)				
259 FOURTH AVE., NORTH ST. PETERSBURG FL 33701								
31. 1	relenopung FL 33/01			83				
				84 City	FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 6	607.0502 and 607.1508, Florida Sta	tutes, the al	oove-named_c	corporation submits this statement for the purpose of chration's board of directors. I hereby accept the appointment	anging its	registered	
office or re	egistered agent, or both, in the	e State of Florida. Such change was obligations of, Section 607.0505,	s authorized	by the corpor	ration's board of directors, I hereby accept the appointment	nent as re	egistered	
	in laminar with, and doopt the	o obligations of coaton our local,	, rondo Otale				}	
SIGNATURE	Signature, typed or printed name of regis	stered agent and title if applicable. (No	OTE: Registered	Agent signature rec	quired when reinstating) DATE			
12.	OFFICE	ERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12	
TITLE	PSTD	☐ DELETE	1.1 Π	1E	Γ	_ Change	Addition	
NAME	zaki, ashraf		1.2 NA	ME			1	
STREET ADDRESS	621 MONTE CRISTO BL'	VD.	1.3 ST	REET ADDRESS				
CITY-ST-ZIP	TIERRA VERDE FL 3371	5	1.4 CI	Y-ST-ZIP				
TITLE	V	☐ DELETE	2.1 TIT	LE		_ Change	Addition	
NAME	ZAKI, ASHRAF		2.2 NA	ME				
STREET ADDRESS	621 MONTE CRISTO BL'		2.3 ST	REET ADDRESS			-	
CITY-ST-ZIP	TIERRA VERDE FL 3371	5	2.4 CI	TY-ST-ZIP				
TITLE		☐ DELETE	3.1 111	LE		Change	Addition	
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 ST	REET ADDRESS			ļ	
CITY-ST-ZIP				TY-ST-ZIP				
TITLE		☐ DELETE	4.1 TT	1.E] Change	☐ Addition	
NAME			4.2 N	AME.				
STREET ADDRESS			4.3 ST	REET ADORESS				
CITY-ST-ZIP	<u></u>			Y-ST-ZIP				
TITLE		☐ DELETE	5.1 TiT			_ Change	☐ Addition	
NAME			5.2 NA	1				
STREET ADDRESS				REET ADDRESS				
CfTY-ST-ZIP				ry-ST-ZIP		7.01		
TITLE		☐ DELETE	6.1 TIT	İ] Change	☐ Addition	
NAME			6.2 NA				}	
STREET ADDRESS			4	REET ADDRESS			-	
CITY-ST-ZIP			6.4 CIT	Y-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 informational 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 on an

SIGNATURE: