

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 12 1997 8:00am
Secretary of State

DOCUMENT # P95000071409 (3)

1. Corporation Name
CONVENIENCE ENTERPRISES, INC.



Principal Place of Business Mailing Address
293 WATERS EDGE DRIVE SOUTH 293 WATERS EDGE DRIVE SOUTH
PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082-2524

3. Date Incorporated or Qualified 09/15/1995 3a. Date of Last Report 04/25/1996

4. FEI Number 59-3344641 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 269 ODDONS HILL BLVD 26 269 ODDONS HILL BLVD
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 PONTE VEDRA BEACH, FL 28 PONTE VEDRA BEACH, FL
Zip Zip Country Country
24 32082 25 USA 29 32082 30 USA

9. Name and Address of Current Registered Agent
SIPOVSKY, STEVEN F.
293 WATERS EDGE DR. S
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent
81 Name SIPKOUSKY, STEVEN F
82 Street Address (P.O. Box Number is Not Acceptable) 269 ODDONS HILL BLVD
83
84 City PONTE VEDRA BEACH FL 85 Zip Code 32082

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 NOTE: SPELLING OF LAST NAME & ADDRESS CHANGE ONLY (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIPKOVSKY, STEVEN F	1.2 NAME	
STREET ADDRESS	293 WATERS EDGE DRIVE SOUTH	1.3 STREET ADDRESS	269 ODDONS HILL BLVD
CITY-STATE-ZIP	PONTE VEDRA BEACH FL	1.4 CITY-STATE-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I 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 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 attachment with an address. STEVEN F SIPKOVSKY

SIGNATURE: [Signature] 3-5-97 (904) 273-0587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)