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

**PROFIT CORPORATION ANNUAL REPORT** 

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000077419 (6) DOCUMENT #

TERRY'S STOP-N-SAVE, INC.

Principal Place of Business Mailing Address 4116 PINE FOREST RD GANTONMENT FL 32533 CANTONMENT FL 32533						DO NOT WRITE IN THIS 5  3. Date Incorporated or Qualified  09/28/1995	
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	Applied For
21		26				59-3338762	Not Applicable
Suite, Apt		Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7)p <b>29</b>	30 Cou	ntry			Yes 🔲 No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered A	Agent
BLANCHARD, VICTORIA A 4116 PINE FOREST RD CANTONMENT FL 32533			_	81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83			
i office or	to the provisions of Sections 607 050 registered agent, or both, in the State man familiar with, and accept the oblig	eol Florida. Such change was	utes, the ab	thv.	the corporate	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appe	85 Zip Code changing its registered bintment as registered
SIGNATURE	**************************************						
<u> </u>				l Ager	nt signature requin	red when reinstating) DATE	DIOCOTORONILIA
TITLE	D	DELETE	13.	1.5	<del></del>	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	BLANCHARD, VICTORIA A 1641 WINSTON ST CANTONMENT FL 32533	L) beech	1.2 NA	ME REET /	ADDRESS - ZIP		change Addition
TITLE		DELETE	2.1 TIT		• • • • • • • • • • • • • • • • • • • •		Change Addition
NAME	22		2.2 NĀI	ME			<u> </u>
STREET ADDRESS			2.3 STF	REET #	ADDRESS		
CATY+ST-ZIP	L		2. 4 Cil	TY-S1	r-ZiP		
TITLE		DELETE	3.1 T/T				Change Addition
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 STF	REETA	ADDRESS		
CITY-ST-ZIP			3.4. CI	TY- \$1	r-ziP		
TITLE		DELETE	4.1 TITI	LE			Change Addition

CITY-ST-ZIP 6.4 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 trustee empowered to execute this eport as required by Chapter 19.7 Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZiP

4.4 CITY-ST-ZIP

Change

Change

Addition

\_\_\_ Addition

**FILED** 

May 06 1998 8:00am

Secretary of State

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME