PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000094167

Corporation Name

CONVENIENCE ENTERPRISES III, INC.

					Node			
Principal Place	of Business	Mailing Address						
269 ODOMS MI	LL BLVD	269 ODOMS MILL BLVD	•			'		
PONTE VEDRA BEACH FL 32082			PONTE VEDRA BEACH FL 32082			DO NOT WRITE IN THIS SPACE		
U\$		US			•	3. Date Incorporated or Qualifed		
					•	12/11/1995		į
2. Principal P	lace of Business	2a. Mailing Address		_		4. FEI Number	App	olied For
21		26				59-3354855	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	I .
22		27			#1·T	5. Certificate of Otatos Desired	Fee Re	quired
City.&.State	8	City &: State		-=-		6. Election Campaign Financing	\$5:00	, ,
23		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip		untry		8. This corporation owes the current ye	ar Intangible	⊡ No
24	25	29	30			Personal Property Tax. 10. Name and Address of New Regist		- INO
	9. Name and Address of Curren	it Registered Agent		81	Name	10. Name and Address of New Regist	ered Agent	
SIPK	Ovsky, steven f			Ľ				
	ODOMS MILL BLVD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	,	1
	TE VEDRA BEACH FL 32082			83				
	, , , , , , , , , , , , , , , , , , , ,							
				84	City		FL 85 Zip C	ode
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the a	LLL.	l e-named corpo	oration submits this statement for the purpo	se of changing its	registered
office or n	egistered agent, or both, in the State	of Florida. Such change was a	luthorize	d by	the corporation	n's board of directors. I hereby accept the	appointment as reg	istered
	m familiar with, and accept the obligation	tions of, Section 607.0305, Fig	mua Sta	tutes	•			
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registere	d Agen	nt signature required	when reinstating) DA	TE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	RS IN 12
TITLE	STD	☐ DELETE	1.1 T	TLE			Change	☐ Addition
NAME	SIPKOVSKY, STEVEN F		1.2 N	IAME				ł
STREET ADDRESS	269 ODOMS MILL BLVD		440	TOCCI	TADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH FL		1.3 S	IKEEI				
TITLE	DD			CITY-S	T-ZIP		···	
	PD	☐ DELETE		ITY-S	T-ZIP		☐ Change	☐ Addition
NAME	GREEN, SCOTT A	☐ DELETE	1.4 C 2.1 T	ITY-S	T-ZIP		Change	☐ Addition
NAME STREET ADDRESS		☐ DELETE	1.4 C 2.1 T 2.2 N	CITY-S TTLE VAME	T-ZIP		☐ Change	☐ Addition
	GREEN, SCOTT A	82	1.4 C 2.1 T 2.2 N 2.3 S	CITY-S TTLE VAME	TADORESS			
STREET ADDRESS	GREEN, SCOTT A 153 BEAR PEN		1.4 C 2.1 T 2.2 N 2.3 S	CITY-STITLE LAME STREET	TADORESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	GREEN, SCOTT A 153 BEAR PEN	82	1.4 C 2.1 T 2.2 N 2.3 S 2.4 I 3.1 T 3.2 N	CITY-ST TILE LAME STREET CITY-S TILE	TADDRESS ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE	GREEN, SCOTT A 153 BEAR PEN	82	1.4 C 2.1 T 2.2 N 2.3 S 2.4 I 3.1 T 3.2 N	CITY-ST TILE LAME STREET CITY-S TILE	TADORESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME	GREEN, SCOTT A 153 BEAR PEN	82 □ DELETE	1.4 C 2.1 T 2.2 M 2.3 S 2.4 d 3.1 T 3.2 M 3.3 S 3.4 d	CITY-STITLE TAME CITY-STITLE IAME STREET CITY-SCI	T ADDRESS ST-ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	GREEN, SCOTT A 153 BEAR PEN	82	1.4 C 2.1 T 2.2 N 2.3 S 2.4 I 3.1 T 3.2 N 3.3 S 3.4 .0	CITY-STITLE AME STREET CITY-STITLE AME CITY-STREET CITY-STITLE	T ADDRESS ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	GREEN, SCOTT A 153 BEAR PEN	82 □ DELETE	1.4 C 2.1 T 2.2 N 2.3 S 2.4 I 3.1 T 3.2 N 3.3 S 3.4 .0	CITY-STITLE CITY-STITLE HAME STREET CITY-STITLE NAME	T ADDRESS T ADDRESS ST - ZIP		☐ Change	Addition
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14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

HATURE AND TYPEDOR FRINTED NAME OF TIGHING OFFICER OR DIRECTOR

4-10-99

(904) 273 70587

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90217 043 ***150.00

Daytime Phone #

CR2F034 (11/98)