FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000094178 (7) **DOCUMENT #** 1. Corporation Name

CONVENIENCE ENTERPRISES II, INC.					
Principal Place of Business		Mailing Address		(12011001 130 13101 31111 42111 53111	1 44(1) 46(19 10(14 2)20) (151) (202) (204 104 164)
283 WATERS EDGE DRIVE SOUTH PONTE VEDRA BEACH FL 32082		293 Waters edge dr Ponte Vedra Beach			
				 Date Incorporated or Qualified 12/12/1995 	3a. Date of Last Report
2. Principal Pla	ce of Business	2a. Mailing Address 26		4. FEI Number 59 - 3354857	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Z(p 29	Country 30	8. This corporation has liability for Florida Statutes	er intangible tax under s. 199.032, es. 💢 No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New	Registered Agent
50 N LAURA ST, SUITE 2800 JACKSONVILLE FL 32202				SIPKOVSKY, STEVENU F Address (P.O. Box Number is Not Acceptable) 393 WATENS LOGE DR, S.	
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508, Florida Statut	84 City	PONTE VEDRA BUICH	FL 85 32082
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 S	Igrature, typed or printed name of registrated agen	nt and trie if populatible (NS	UF SIPKASKY DTE: Rugislered Agent signature re-	quired when reinstating)	DATE
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1 1 TITLE	T,5	Change 🙀 Addition
NAME	SIPKOVSKY, STEVEN F		1.2 NAME		
STREET ADDRESS	293 WATERS EDGE DRIVE S		1.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32		1.4 CITY-ST-ZIP		5 0 5 110
TITLE	D	DELETE	2 1 TITLE	P	Change 🔀 Addition
NAME	GREEN, SCOTT A		2.2 NAME		
STREET ADDRESS	116 KNOTTY PINE TRAIL	2000	2 3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32		2 4 CITY-ST-ZIP		Change Addition
TITLE		DELETE	3 1 TITLE		
NAME			3.2 NAME 3.3. STREET ADDRESS		j
STREET ADDRESS					
CITY-ST-ZIP TITLE		□ DELETE	3.4 CITY - ST - ZIP 4. 1 TITLE		☐ Change ☐ Addition
NAME		C. Sterve	4.2 NAME		1 1
STREET ADDRESS			4.3 STREET ADDRESS		
1			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	5. 1 TITLE		Change Addition
NAME		_	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CiTY-ST-ZIP		
TITLE	<u> </u>	☐ DFLETE	6 1 THILE		Change Addition
NAME			62 NAME		
STREET ADORESS			63 STREET ADDRESS		
CITY - ST - 7IP			6.4 CITY-ST-ZIP		
14. I do hereb	y certify that the information supplied	with this filing is voluntarily fur	nished and does not qua	lify for the exemption stated in Section 1	19.07(3)(k), 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.

SIGNATURE:

(904) 273-0587