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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Saridra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000096253 (6)

1. Corporation Name

STOP & GO CONVENIENCE STORE, INC.



)	IN CONE 1811 BIND NICO AND SIN 1881
Principal Place of	f Business	Mailing Address			
347 FOXRIDGE		347 FOXRIDGE RD ORANGE PARK FL 32065			
ORANGE PARK FL 32065		OTHERSE PRINTE SECON		3. Date Incorporated or Qualified 12/19/1995	38. Date of Last Report
Principal Plac	ne of Business	2a. Mailing Address		4. FEI Number	Applied For
2. Principal Place of Business 11 14021 MT. Pleasant Rd.		26		54-3349347	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
2		27		6. Election Campaign Financing	\$5.00 May Be
City & State		City & State		Trust Fund Contribution	Added to Fees
Zin Country		28		8. This corporation has liability for i	ntangible tax under s. 199.032,
Zip コラフフラ	.5 25 US A	29	30	Florida Statutes 🔀 Yes	□ No
4 3222	9. Name and Address of Currer			10. Name and Address of New R	egistered Agent
one inde Jackson	EPENDENT SQUARE EPENDENT DR WILLE FL 32202		82 Street Add 32 83 City 0	renge Perk	FL 85 Zip Code 32065
11. Pursuant to or registere	o the provisions of Sections 607,050 ed agent, or both, in the State of Flor	2 and 607,1508, Florida Statute da Such change was authorize	is, the above named corp ed by the corporation's bo	oration submits this statement for the pur pard of directors. Thereby accept the app	pose of changing its registered offic pintment as registered agent. I am
familiar with	h, and accept the childal ons of. Sec	Kenneth	J. /(e.)		4/15/96
SIGNATURE	profit in typed or private profit of registered and	Can dinote diagnitization (NEO NEO NEO (NEO	TE Fig. puls not Agord so mar in the to	production and stating	DATE
12.	OFFICERS AN	AD DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	Change Addition
TITLE	D	☐ DELETE	1 1 TiTLE		C Comige C
NAME	KEIL, KENNETH J		1.2 NAME		
STREET ADDRESS	347 FOXRIDGE RD		1.3 STREET ADDRESS 1.4 City - St - Zip		
CITY - ST - ZIP	ORANGE PARK FL 32065	[] DELETE	2 1 TIFLE		Change Addition
TITLE			2.2 NAME		
NAME			2.3 STREET ADDRESS		
STREET ADDRESS			2 4 CHY - S1 - Z0F	_	
CITY-ST-ZIP		DELETE	3 1 TIT. E		🔲 Change 🔲 Additio
NAME			3.2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - \$1 - ZiP		C) Change C Addition
TITLE		☐ DELETE	4 1 TITLE		Change Addit-o
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4.CITY+\$1-7IP		Change Addition
TITLE		☐ DELETE	5 1 TITLE		C cuantic C vacuus
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CHY - ST - ZIP		Change Addition
TITLE		DELETE.	6 1 TILLE		□ Guarige □ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
	1		64 CITY S1-ZIP		

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the salid regardless and that my name oath, that I am an officer or director of the corporation or the receiver or trustee expowered 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

Length of Figure Picco

CR2E034 (12/95)