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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600052790

STOP & GO FOOD MART, INC.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90107 032 ***150.00



ncipal Place of Business Mailing Address					1 108(108)				1014 131	
= 8 GO FO		STOP & GO FOOD MART								
A NE WAL	1602-A NE WALDO RD			DO NOT WRITE IN THIS SPACE						
:::SVILLE FI	1. 32609	GAINESVILLE FL 32609 US			3. Date Incorpo	rated or Qualifed	,			
		00			06/20/199					
Principal Pl	ace of Business	2a. Mailing Address		. 10. 5 5 0	4 FEI Number				Appli	ed For
Sto	P & GO TEXAC	0 26 1602-A,	Ν.	WALDO R	4- 59 <u>-33852</u>	<u> </u>		X	Not A	pplicable
Suite Ant	# etc	Suite, Apt. #, etc.			5. Certifcate of	Status Desired				ditional
160	2-A, N. Waldo R	a 27 Gainesvill	e		G. Corp. Gate of			Fee	Requ	ired
City & State City & State Caines Ville 28 FL					6. Election Can	\$5.00 May Be Added to Fees				
_		28 - L Zip	Col	intry .	Trust Fund C				ed to I	-ees
ip F1	32609 25 U.SA	32609 30	_	.A. S. (1 ^{''''}	8. This corporat	ion owes the curre	nt year inta	angible ☐ Yes	'n	ĺΝο
' -	9. Name and Address of Curr		'	T		ddress of New Re	egistered /			
. –	o. Halle and Address of Carl	em magnetoted / tgent		81 Name						
PATE	EL, HARISH R			00 51 1145	(0.0.0 N	:- Not A	ula)			
	NE WALDO ROAD			82 Street Addre	ess (P.O. Box Num	per is inot Acceptat	n o)			
GAIN	IESVILLE FL 3260			83						
	7							las 3	· ·	4.
				84 City			FL	85 Z	ip Co	pe
Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes,	the a	bove-named corpo	ration submits this	statement for the p	urpose of	changing	its re	gistered
office or re	existered agent or both in the Stat	te of Florida. Such change was auth gations of, Section 607.0505, Florida	orize	t by the cornoration	n's board of directo	rs. I hereby accept	the appoir	ntment as	regis	tered
	m tamiliar with and accept the oblig	(HARISH. K		PATEL)	Vice	Presiden	 	/ 8	8	99
MATURE	Signature, typed or printed name of registered a			Agent signature required	<u> </u>		DATE			<u> </u>
	· 	AND DIRECTORS	13.			HANGES TO OFF	ICERS AN	D DIREC	TOR	3 IN 12
I	D	☐ DELETE	1.1 T	TLE				Chan	ge	Addition Addition
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I ADDRESS				TREET ADDRESS						

In the reby 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, with all other like empowered.