## 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** 

## P96000058267 (1) DOCUMENT #

KWIK STOP #2505 BRADENTON INC.

| Principal Place of Business                         | Mailing Address                        |             |       |  | t 166:160t tid 10114 2111 gattt 2011 auftt 2011 aufer 2110 saut 11210 2111 1641 1861                        |
|---|--|-------------|-------|--|---|
| 2505 26 AVE WEST<br>BRADENTON FL 34207              | 2505 26 AVE WEST<br>BRADENTON FL 34207 |             |       |  | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  07/11/1996                                   |
| 2. Principal Place of Business                      | 2a. Mailing Address                    |             |       |  | 4. FEI Number Applied For   |
| 21  | 26                                     |             |       |  | 65-0678095 Not Applicable   |
| Suite, Apt. #, etc.                                 | Suite, Apt. #, etc.                    |             | ,     |  | 5. Certificate of Status Desired See Required   |
| City & State  | City & State                           |             |       |  | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees                          |
| Zip Country 24 25                                   | Zip<br>29                              | 30 Cou      | ıntry |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No |
| 9. Name and Address of Current Registered Agent     |  |             |       | 10. Name and Address of New Registered Agent |   |
| ISLAM, AMINUL                                       | 26 TH ST WEST                          |             | 81    | Name   |   |
| PRADENTONEL 24207                                   | APT-12                                 |             | 82    | Street Addr                                  | ress (P.O. Box Number is Not Acceptable)  |
| BA  | FL- 34205                              |             | 83    |  |   |
|   | 7- 3/                                  |             | 84    | City   | FL 85 Zip Code  |
| 11. Pursuant to the provisions of Sections 607.0502 | and 607.1508, Florida Statu            | ites, the a | bove  | -named corp                                  | poration submits this statement for the purpose of changing its registered                                  |

office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

| SIGNATURE      | Signature, typed or printed name of registered agent and title if applicable (NOTE R        | Registered Agent suggesture | required when reinstating) DATE                   |
|----------------|---|-----------------------------|---|
| 12.            | OFFICERS AND DIRECTORS  | 13.                         | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE          | PD NEW ADDRESS DELETE   | 1.1 TITLE                   | Change Addition                                   |
| NAME           | ISLAM, AMINUL , 809 26TH ST WEST.   | 1.2 NAME                    |   |
| STREET ADDRESS | 5400 26 STREET W  | 1.3 STREET ADDRESS          |   |
| CITY-ST-ZIP    | SLAM, AMINUL 2809 26TH ST WEST.  5400 26 STREET W  BRADENTON, FL 37207 BRADENTON, FL 37205. | 1.4 CITY - ST - 28P         |   |
| TITLE          | ☐ DELETE  | 21 TITLE                    | Change Addition                                   |
| NAME           |   | 2.2 NAME                    |   |
| STREET ADDRESS |   | 2.3 STREET ADDRESS          |   |
| CITY-ST-ZIP    |   | 2. 4 CITY-ST-ZIP            |   |
| TITLE          | ☐ DELETÉ  | 3.1 TITLE                   | ☐ Change ☐ Addition                               |
| NAME           |   | 3.2 NAME                    |   |
| STREET ADORESS |   | 3.3 STREET ADDRESS          |   |
| CITY-ST-ZIP    |   | 3.4. CITY-ST-2IP            |   |
| TITLE          | DELETE  | 4.1 TITLE                   | ☐ Change ☐ Addition                               |
| NAME           |   | 4. 2 NAME                   |   |
| STREET ADDRESS |   | 4.3 STREET ADDRESS          |   |
| CITY-ST-ZIP    |   | 4.4 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          | DELETE  | 6.1 TITLE                   | ☐ Change ☐ Addition                               |
| NAME           |   | 6.2 NAME                    |   |
| STREET ADDRESS |   | 6.3 STREET ADDRESS          |   |
|                | I I   | <b>.</b>                    | '   |

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 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.

1-26-98

941-755-8503.

**FILED** 

Feb 03 1998 8:00am

Secretary of State

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