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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000090650** (8)

H-W-N FOOD & GAS INC

FILED Jan 29 1998 8:00am Secretary of State

Principal Place of Business Mailing Address HWN FOOD & GAS INC. HWN FOOD & GAS INC. 4209 CRAWFORDVILLE RD 4209 CRAWFORDVILLE RD TALLAHASSEE FL 32310 DO NOT WRITE IN THIS SPACE TALLAHASSEE FL 32310 3. Date Incorporated or Qualified 11/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3408956 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ABULABAN, WALID 4902 CRAWFORDVILLE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32310 83 84 Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 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 Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 3.1 TITLE Change Addition ABULABAN, WALID NAME 1.2 NAME 2224 HICKORY TERR LN STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change ☐ Addition MASWADAH, HAZEN NAME 2.2 NAME 2235 MANDRELL DR STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change \_\_ Addition NAME 3,2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 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 DELETE TITLE 6,1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 of 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 any attachment with an address.

SIGNATURE:

UIRED 1/22/06

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CR2E034 (10/97)