## 5-16.97 B - JULI FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPÓRATIONS

## DOCUMENT # P96000095014 (2) FATHER'S AMOCO FOOD STORE, INC.

Principal Place of Business

Mailing Address

## **FILED** May 16 1997 8:00am Secretary of State



19897 W COLONIAL DR WINTER GARDEN FL 34787		13697 W COLONIAL DR WINTER GARDEN FL 3478	13697 W COLONIAL DR WINTER GARDEN FL 34787-3923					
					3. Date Incorporated or Qualified 11/18/1996	1	ite of La	st Report
	lace of Business	26. Mailing Address	<u>⊢</u> ¬		4. FEL Number 34//3)			Applied For
21 Suite And House		26		31-391138			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u>├</u> ¬ ' ' '		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Coun	try	This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30			Florida Statutes Yes No				
4.514.4	9. Name and Address of Cur	rent Registered Agent		MI N	10. Name and Address of New Reg	stered /	Agent	
	ASSIAN, MINAS 97 W COLONIAL DR		81 Name					
	TER GARDEN FL 34787		82 Street Addre		dress (P.O. Box Number is Not Acceptab	ie)		
			ξ	13				
			Ē	City	Additional and the second seco	FL	85	Zip Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statu	tes, the abo	ove-named cor	poration submits this statement for the palion's board of directors. I hereby accep		changir	ng its registered
agent. I a	im amiliar with and accept the ob	bligations of, Section 607.0505, FI	orida Statu	les.	anon's board of directors. Thereby accep	t tite app	Omunica	as registered
SIGNATURE	Signature, typed or printed name of registered	naw form	If Registered	Agent signature regi	ured when roinstating)	DATE		
12.	OFFICERS /	AND DIRECTORS	13.	- game and second reduce	ADDITIONS/CHANGES TO OFFIC		DIREC	TORS IN 12
TITLE	PS .	DELETE	1.1 1111	F			Char	ge Addition
NAME	MINASSIAN, MINAS		1.2 NAM	lE .				
STREET ADDRESS	13697 W COLONIAL DR WINTER GARDEN FL 34787		1	EET ADDRESS				
CITY-ST-ZIP TITLE	VI	DELETE	1.# City 2 1 101	· ST · ZiP			☐ Chan	no T Addition
NAME	MINASSIAN, MARIE						L Chan	ge L. Addition
STREET ADDRESS	13697 W COLONIAL DR		2 2 NAM	E1 ADDRESS				
CITY-ST-ZIP	WINTER GARDEN FL 34787			Y-ST-ZIP				
TITLE		DELETE	3.1 1111				Chan	ge Addition
NAME			3.2 NAM	IE				
STREET ADDRESS			3. <b>3</b> S1R	ET ADDRESS				·
CITY-ST-ZIP			3. <b>∮</b> . CIT¹	Y-ST-71P	7,5 212 37,5 38,5 38,5 38,5 38,5 38,5 38,5 38,5 38			
TITLE		DELETE	4.1 HTL				Chan	ge 🔲 Addition
NAME DEDCE ADDRESS			4. 2 NAN					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS				
TITLE		DELETE	4.4 CHY 5.1 TITL	-S1-7IP		· · · ·	☐ Chan	ge Addition
NAME			5.2 NAM					g- Ladinon
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				- ST - ZIP				
TITLE	· · · · · · · · · · · · · · · · · · ·	DELFTE	6.1 TiTL			• • • • • • • • • • • • • • • • • • • •	Chan	ge 🔲 Addition
NAME			6.₽ NAM	IE				
STREET ADDRESS			6.\$ STRE	ET ADDRESS				
CITY-ST-ZIP			6. <b>4</b> CITY	- S1 - ZIP				

14. I do 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.