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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000099449 (6)**

1. Corporation Name
SEAGATE GENERAL STORE, INC.

Principal Place of Business	Mailing Address
18753 S.E. FEDERAL HIGHWAY **TEQUESTA FL 33469**	**18753 S.E. FEDERAL HIGHWAY** **TEQUESTA FL 33469-1719**

3. Date Incorporated or Qualified: **12/06/1996**	3a. Date of Last Report:
2. Principal Place of Business — 21: 18679 SE Federal Hwy Suite, Apt. #, etc. — 22: Tequesta,FL 33469 City & State — 23: Zip — 24: Country — 25:	2a. Mailing Address — 26: 18679 SE Federal Hwy Suite, Apt. #, etc. — 27: Tequesta,FL 33469 City & State — 28: Zip — 29: Country — 30:
4. FEI Number: 65-0713104 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

RUBENFELD, DAREN
18753 S.E. FEDERAL HIGHWAY
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

81 Name: Rubenfeld, Daren, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 18679 SE Federal Hwy
83:
84 City: Tequesta, **FL** 85 Zip Code: 33469

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] DAREN RUBENFELD 4/15/97
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZBORIL, JAMES L 18753 S.E. FEDERAL HIGHWAY TEQUESTA FL 33469 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PS Miller, Robert L. 18679 SE Federal Hwy. Tequesta, FL 33469 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VT Zboril, Jim 18679 SE Federal Hwy, Tequesta,FL 33469 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V Rubenfeld, Daren 18679 SE Federal Hwy,Tequesta,FL 33469 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	V Austin, Chris 18679 SE Federal Hwy Tequesta, FL 33469 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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.

SIGNATURE: [signature] DAREN RUBENFELD 4/15/97 561-743-0014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0000000