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

CORPORATION



## **FILED** FLORIDA DEPARTMENT OF STATE Feb 04 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998

## P97000013665 (9) DOCUMENT # R & L CONVENIENCE STORE, INC. Principal Place of Business Mailing Address 21360 GERTRUDE AVE. 21360 GERTRUDE AVE. PORT CHARLOTTE. FL FL 33952 PORT CHARLOTTE, FL FL 33952 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/11/1997 Applied For 2a. Mailing Address 2. Principal Place of Business 65-0727028 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 25 29 30 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GUNDERSON, THOMAS H ESQ. P Irish 1715 MONROE STREET Street Address (P.O. Box Number is Not Acceptable) 82 FORT MYERS FL 33901 83 84 Zip Code 33452 Port Charlotte 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 Jami'r with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed here or registified agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGE TO OFFICERS AND DIRECTORS IN 12 13. 12. Change DELETE 1.1 TITLE TITLE GUNDERSON, HERBERT D 1.2 NAME NAME 21360 GERTRUDE AVE. 1.3 STREET ADDRESS STREET ADDRESS PORT CHARLOTTE, FL FL 33952 Charlette FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE 2.1 TITLE LillianKIrish **GUNDERSON, HEIDE-LORE** 2.2 NAME 21360 Gertrude Avl 21360 GERTRUDE AVE 2.3 STREET ADDRESS STREET ADDRESS Port Charlotte Fl 33952 PORT CHARLOTTE, FL FL 33952 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$T - ZIP Change Addition ☐ DELETE 6.1 TITLE TITLE NAME 6.2 NAME

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.

**6.3 STREET ADDRESS** 

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STREET ADDRESS

DITY-ST-ZIP

1-29-98