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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P97000013665**1. Corporation Name

R & L CONVENIENCE STORE, INC.

•	* · · · · · · · · · · · · · · · · · · ·						
Principal Place of Business	Mailing Address .						
21360 GERTRUDE AVE. PORT CHARLOTTE, FL FL 33952	21360 GERTRUDE AVE. PORT CHARLOTTE, FL FL 33952						

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90139 018 ***150.00



21360 GERTRUDE AVE. PORT CHARLOTTE. FL FL 33952	21380 GERTRUDE AVE. PORT CHARLOTTE, FL FL 33952		DO NOT WRITE IN THIS SPACE					
•			3. Date Incorporated or Qualifed 02/11/1997					
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 65-0727028	Applied For Not Applicable				
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip Country	Zip Cc 29 30	ountry	This corporation owes the current year I Personal Property Tax.	ntangible				
9. Name and Address of 0	Current Registered Agent		10. Name and Address of New Registere	d Agent				
RICHARD P IRISH		81 Name						
21360 GERTRUDE AVE		82 Street Address (P.O. Box Number is Not Acceptable)						
PT CHARLOTTE FL 33952		83						
		84 City	F	85 Zip Code				
11 Dureyant to the provisions of Sections 6	07 0502 and 607 1508. Florida Statutes, the	above-named corp	oration 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECTORS			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND					
TITLE	PSD 🗆	DELETE	1.1 TITLE				Change	☐ Addition		
NAME	RICHARD P IRISH		1.2 NAME							
STREET ADDRESS	21360 GERTRUDE AVE		1.3 STREET ADDRESS							
CITY-ST-ZIP	PORT CHARLOTTE, FL FL 33952		1.4 CITY-ST-ZIP							
TITLE		DELETE	2.1 TITLE				Change	Addition		
NAME	LILLIAN K IRISH		2.2 NAME					ļ		
STREET ADDRESS	21360 GERTRUDE AVE.		2.3 STREET ADDRESS					1		
CITY-ST-ZIP	PORT-CHARLOTTE, FL FL 33952	-	·2:4 CITY-ST-ZIP =	یه حستنسد، در سد	and the second second	محمد ومحمد				
TITLE		DELETE	3.1 TITLE				Change	☐ Addition		
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STREET ADDRESS			3.3 STREET ADDRESS					Ì		
CITY-ST-ZIP			3.4. CITY-ST-ZIP							
TITLE		DELETE	4.1 TITLE				☐ Change	☐ Addition		
NAME			4.2 NAME			•		į		
STREET ADDRESS			4.3 STREET ADDRESS	-		•				
CITY-ST-ZIP			4.4 CITY-ST-ZIP		tr. Do					
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		100					
TITLE		DELETE	6.1 TITLE				Change	Addition		
NAME			6.2 NAME					į		
STREET ADDRESS			6.3 STREET ADDRESS							
CITY-ST-ZIP	and the second s		6.4 CITY-ST-ZIP							
14. I be explicit that the information supplied with this filling 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 supplied with this limit 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, with all other like empowered.