

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90011 024 ***150.00

DOCUMENT # **P97000034573** ✓

1. Corporation Name

FAMILY MART HOME AND AUTO CENTER, INC.

Principal Place of Business

**988 WHITE AVE
GRACEVILLE FL 32440**

Mailing Address

**P.O. BOX 307
GRACEVILLE FL 32440**

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 THE PERSON EMPLOYED 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.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1997

4. FEI Number

59-3429726

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

**SKIPPER, ROBERT A
988 WHITE AVE
GRACEVILLE FL 32440**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-5-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **SKIPPER, ROBERT A**
STREET ADDRESS **988 WHITE AVE**
CITY-ST-ZIP **GRACEVILLE FL 32440**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **SKIPPER, ROBERT L**
STREET ADDRESS **988 WHITE AVE**
CITY-ST-ZIP **GRACEVILLE FL 32440**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **SKIPPER, MARY A**
STREET ADDRESS **988 WHITE AVE**
CITY-ST-ZIP **GRACEVILLE FL 32440**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **SKIPPER, NANCY**
STREET ADDRESS **988 WHITE AVE**
CITY-ST-ZIP **GRACEVILLE FL 32440**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 or the receiver or the person 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

588096-90011-24
P97000034573

HAROLD C. INGRAM
CERTIFIED PUBLIC ACCOUNTANT

1558 MONTGOMERY HIGHWAY, SUITE 5
DOTHAN, AL. 36301
P. O. BOX 1563
(334)712-1124 FAX (334)794-8690

MEMBER
ALABAMA SOCIETY OF
CERTIFIED PUBLIC ACCOUNTANTS

AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

July 6, 1999

Division of Corporations
Annual Reports Filings
P. O. Box 1500
Tallahassee, FL.

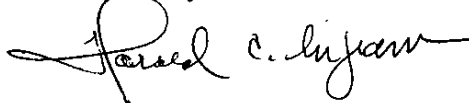
Dear Sir:

Enclosed you will find Document # P97000034573 and a check for \$150.00 for Family Mart Home and Auto Center, Inc.

This is the first notice my client, has received in reference to the 1999 Profit Corporation Annual Report Packet. Mrs. Bell called you today in reference to the second notice. Your office informed her that the amount to send would be \$150.00 and a statement in reference to not receiving a prior notice.

Your cooperation will be appreciated.

Sincerely,



Harold C. Ingram, CPA