

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

04-14-1999 90142 031 ***150.00

DOCUMENT # P97000075690

1. Corporation Name

CIRCLE "D" VARIETY STORE, INC.

Principal Place of Business

4249 WEST STATE ROAD 6
JASPER FL 32052

Mailing Address

4249 WEST STATE ROAD 6
JASPER FL 32052

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1997

4. FEI Number

59-3473375

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

DEROCCO, ROBIN
4249 WEST STATE ROAD 6
JASPER FL 32052

10. Name and Address of New Registered Agent

81 Name

DEROCCO, Robin

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

4976 NW 43rd Place

83

84 City

Jasper

FL

85 Zip Code

32052

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

Robin F. De Rocco

Robin DeRocco

4/8/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME DEROCCO, DAISY L
STREET ADDRESS RT 3 BOX 3826-11
CITY-ST-ZIP JASPER FL 32052

TITLE VP ☐ DELETE
NAME DEROCCO, FREDRICK J
STREET ADDRESS RT 3 BOX 3826-11
CITY-ST-ZIP JASPER FL 32052

TITLE S ☐ DELETE
NAME DEROCCO, ROBIN L
STREET ADDRESS 4249 W SR 6
CITY-ST-ZIP JASPER FL 32052

TITLE T ☐ DELETE
NAME DEROCCO, LADDIE R
STREET ADDRESS RT 3 BOX 382 C-12
CITY-ST-ZIP JASPER FL 32052

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME DeRocco, Daisy L.
1.3 STREET ADDRESS 4187 NW 49th Ct.
1.4 CITY-ST-ZIP Jasper, Florida 32052

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME DeRocco, Fredrick Jr
2.3 STREET ADDRESS 4187 NW 49th Ct.
2.4 CITY-ST-ZIP Jasper, Florida 32052

3.1 TITLE Secretary ☒ Change ☐ Addition
3.2 NAME DeRocco, Robin
3.3 STREET ADDRESS 4976 NW 43rd Place
3.4 CITY-ST-ZIP Jasper, Florida 32052

4.1 TITLE Treasury ☒ Change ☐ Addition
4.2 NAME DeRocco, Laddie R.
4.3 STREET ADDRESS 4976 NW 43rd Place
4.4 CITY-ST-ZIP Jasper, Florida 32052

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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.

SIGNATURE: Laddie R. DeRocco / Laddie R. DeRocco 4/8/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-938-4850
Daytime Phone #

CR2E034 (11/98)