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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPAFITMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000065735 1. Corporation Name

Principal Place of Business

NUGGET C-MARTS, INC.

100 OLD MILLIGAN RD P O BOX 1297 CRESTVIEW FL 32536 CRESTVIEW FL 32536 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/27/1998 2a. Mailing Address 4. FEI Nucober Appled For 2. Principal Place of Business 56-2125968 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Act. #, etc. 5. Certifcate of Status Desired П Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Zip Country 8. This corporation owes the current year Intangible X Yes []No Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CAMPBELL, JAMES S Street Ad tress (P.O. Box Number is Not Acceptable) 82 **BEGGS & LANE** 3 WEST GARDEN ST, 6TH FLOOR 83 PENSACOLA FL 32501 Zip Code 84 85 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 (NOTI:: Registered Agent signature required when reinstating) Signature, typed or printed har he of registered agent, and title if applicable ADDITIC NS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. Change DELETE 1.1 TITLE President/Director TITLE Donald R. Draughon, Jr. 1.2 NAME NAME 100 Old Milligan Rd 1.3 STREET ADDRESS STREET ADDRE 35 Crestview, Florida 32536 1.4 CITY-ST-ZIP CITY-ST-ZIP [X] Addition DELETE 21 TM E VP/S/T/Director ☐ Change TITLE Thomas G. Turner 2.2 NAME NAME 1.00 Old Milligan Rd 2.3 STREET ADDRESS STREET ADDRESS Crestview, Florida 32536 2 4 CITY-ST-ZIP CITY-ST-ZIP X Addition Change □ DELETE 31 TITLE VP/Asst Secretary/Director TITLE Eugene B. Horne 3.2 NAME NAME 1.00 Old Milligan Rd 3.3 STREET ADDRESS STREET ADDRESS Crestview, Florida 32536 3.4. CITY-ST-ZIP CITY-ST-ZiP ☐ Addition DELETE Change 4 1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP City-ST-ZIP Addition ☐ Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

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04-28-1999 90059 013 \*\*\*150.00



(11/98)CR2E034

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 pertify 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 the my name appears in Block 12 or Block 13 if changed or on an attactiment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADORESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

(850) <u>682-2149</u>

Addition

☐ Change