

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

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FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 506352
1. Corporation Name
FAST STOP INC.

Principal Place of Business Mailing Address
5532 RICKER RD
JACKSONVILLE FL 32244

2. Principal Place of Business	2a. Mailing Address
21 FAST STOP INC	26 5532 RICKER RD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
JACKSONVILLE FL	JACKSONVILLE FL
24 Zip	29 Zip
32244	32244
25 Country	30 Country
USA	USA

3. Date Incorporated or Qualified	3a. Date of Last Report
10-11-90	01-24-97
4. FEI Number	Applied For
59-3031781	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes	☒ Yes ☐ No

9. Name and Address of Current Registered Agent
JERRY R. SMITH SR.
9021 MARLEE RD
JACKSONVILLE FL 32222

10. Name and Address of New Registered Agent
81 Name **CAROLYN SMITH**
82 Street Address (P.O. Box Number is Not Acceptable) **9021 MARLEE RD**
83
84 City **JACKSONVILLE** FL 85 Zip Code **32222**

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 *Carolyn Smith* **CAROLYN SMITH** 2-25-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	☒ DELETE
NAME	PRESIDENT
STREET ADDRESS	JERRY R. SMITH SR.
CITY-ST-ZIP	9021 MARLEE RD.
	JACKSONVILLE FL 32222
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	☐ Change ☒ Addition
1.2 NAME	PRESIDENT
1.3 STREET ADDRESS	CAROLYN SMITH,
1.4 CITY-ST-ZIP	9021 MARLEE RD
	JACKSONVILLE FL 32222
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	VICE PRESIDENT
2.3 STREET ADDRESS	JERRY R. SMITH JR.
2.4 CITY-ST-ZIP	8828 S BANDERA CIR.
	JACKSONVILLE FL 32222
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	SECRETARY
3.3 STREET ADDRESS	APRIL A. SMITH
3.4 CITY-ST-ZIP	8828 S BANDERA CIR.
	JACKSONVILLE FL 32222
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	TREASURER
4.3 STREET ADDRESS	SANDRA D GRAHAM
4.4 CITY-ST-ZIP	4158 DEER TRAIL
	MIDDLEBURG FL 32068
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	900002100599
6.3 STREET ADDRESS	-02/28/97--01004--027
6.4 CITY-ST-ZIP	***61.25

14. I do 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.

SIGNATURE: *Carolyn Smith* **CAROLYN SMITH** 2-24-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Me Phone # **904 771 7090**

CR2E034 (9/96)