## Jan 21, 2003 8:00 am **Secretary of State**

2003	<b>FOR</b>	<b>PROFIT</b>	CORPORAT	ΓΙΟΝ
UNIFO	RM B	USINESS	REPORT	(UBR)

DOCUMENT # 1. Entity Name 01-21-2003 90563 015 \*\*\*150.00 RUSSELL CONVENIENCE STORES, INC. Principal Place of Business Mailing Address 1524 E. BUSINESS HWY. 98 3850 HOLGOLMB BRIDGE-RD PANAMA CITY FL 32401 -SUITE 255' -NORCROSS GA 30092 US 2. Principal Place of Busines 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Çity & State Applied For City & State 4. FEI Number 59-3086719 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GERDE, JERRY W. Street Address (P.O. Box Number is Not Acceptable) 239 EAST 4TH STREET PANAMA CITY FL 32401 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Addition TITLE TITLE Delete RUSSELL, BARRON J. NAME NAME 1524 E. BUSINESS HWY 98 STREET ADDRESS STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE RUSSELL, NANCY H. NAME NAME STREET ADDRESS 1524-E. BUSINESS HWY-98 STREET ADDRESS PANAMA CITY FL-CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE DT NAME RUSSELL, BARRON JEFF NAME STREET ADDRESS STREET ADDRESS 1524 E BUSINESS HWY 98 CITY-ST-ZIE CITY-ST-ZIP PANAMA CITY FL Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if

changed, or on an attachment with an address, with all other like empowered