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May 02, 2003 8:00 am
Secretary of State

05-02-2003 90386 049 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S49036

1. Entity Name
KWIKY FOOD MART, INC.

90121002

Principal Place of Business	Mailing Address
RT. 1 BOX 164-P MONTICELLO, FL 32344	RT. 1 BOX 164-P MONTICELLO, FL 32344

2. Principal Place of Business	3. Mailing Address
7613 E. WASHINGTON	7613 E. WASHINGTON
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MONTICELLO FL	City & State: MONTICELLO FL
Zip: 32344 Country: JEFFERSON	Zip: 32344 Country: JEFFERSON

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3126400 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KINSEY, WARREN
RT 1 BOX 164-6
MONTICELLO, FL 32344

7. Name and Address of New Registered Agent

Name

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

City FL 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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KINSEY, WARREN ~~RT 1, BOX 227~~ MONTICELLO, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1944 BIG JOE ROAD	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINSEY, WARREN ~~RT 1, BOX 227~~ MONTICELLO, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1944 BIG JOE ROAD	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KINSEY, WAYNE ~~RT 1, BOX 167~~ MONTICELLO, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1944 BIG JOE ROAD	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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.

SIGNATURE: Warren Kinsey 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #