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Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S92293 (7)

1. Corporation Name
BLANDING TEXACO FOOD MART, INC.

Principal Place of Business

% ESSA ALBERRE
7410 BLANDING BLVD.
JACKSONVILLE FL 32244

Mailing Address

% ESSA ALBERRE
7410 BLANDING BLVD.
JACKSONVILLE FL 32244-5108

3. Date Incorporated or Qualified 11/05/1991
3a. Date of Last Report 04/24/1996

2. Principal Place of Business 21 Suite, Apt. #, etc.
2a. Mailing Address 26 Suite, Apt. #, etc.
4. FEI Number 59-3086570 Applied For Not Applicable

22 City & State 27 City & State
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip 25 Country 28 Zip 30 Country
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 29 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ALBERRE, ESSA
7410 BLANDING BLVD.
JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERRE, ESSA	12 NAME	
STREET ADDRESS	5737 SWAMP FOX RD.	13 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	14 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	21 TITLE	
NAME	ALBERRE, SAMYA	22 NAME	
STREET ADDRESS	5737 SWAMP FOX RD.	23 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	24 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY- ST- ZIP		34 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

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: *Essa Alberre* REQUIRED *Essa Alberre, PRES.* 3/24/97 914-78-2946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)