

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90030 020 ***550.00

DOCUMENT # **V08260**

1. Corporation Name

DEEP CREEK CONVENIENCE, INC.



Principal Place of Business
**2001A RIO DE JANERIO
PUNTA GORDA FL 33983
US**

Mailing Address
**2001A RIO DE JANERIO
PUNTA GORDA FL 33983
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1992

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

Zip

Country

25

29

30

9. Name and Address of Current Registered Agent

**GAMBLE, ROSS
26186 NORTHERN CROSS RD APT 1A
PUNTA GORDA FL 33983**

10. Name and Address of New Registered Agent

81 Name

MARIA V. KOLSKY

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

5075 ROBINSON RD.

83

84

City **SARASOTA**

FL

85 Zip Code

34233

I, 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

7/4/99

OFFICERS AND DIRECTORS

LE	ME	REET ADDRESS	Y-ST-ZIP	DELETE
P	GABLE, JEANINE	26186 NORTHERN CROSS RD APT 1A	PUNTA GORDA FL	<input checked="" type="checkbox"/>
VP	GABLE, ROSS	26186 NORTHERN CROSS RD	PUNTA GORDA FL	<input checked="" type="checkbox"/>
S	GABLE, SOCTT	26186 NORTHERN CROSS ROAD	PUNTA GORDA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PRESIDENT	MARIA V. KOLSKY	5075 ROBINSON RD.	SARASOTA, FL 34233	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY	MARIA V. KOLSKY	5075 ROBINSON RD.	SARASOTA, FL 34233	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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:

MARIA V. KOLSKY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/4/99

CR2E034 (5/99)