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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 366037 (0)
1. Corporation Name
SAN ANN OIL COMPANY

Principal Place of Business: 205 S. HOOVER ST. TAMPA FL 33609
Mailing Address: 205 S. HOOVER ST. TAMPA FL 33609

2. Principal Place of Business: 21 State Apt. # etc. 22 City & State
2a. Mailing Address: 26 Suite Apt. # etc. 27 City & State
24 25 29 30

3. Date Incorporated or Qualified: 06/23/1970
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-1300438 Applied For: 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
6. This corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent
**HUGHEY, MIKE
205 S. HOOVER ST.
TAMPA FL 33609**

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 607.012 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 607.012, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: VD HURST, H E STREET ADDRESS: 205 S HOOVER ST CITY, ST, ZIP: TAMPA, FL 00000	13.1 OFFICER 13.1 NAME 13.1 STREET ADDRESS 13.1 CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12.2 NAME: T RAWLINS, WANITA M. STREET ADDRESS: 205 S HOOVER ST CITY, ST, ZIP: TAMPA, FL 00000	13.2 OFFICER 13.2 NAME 13.2 STREET ADDRESS 13.2 CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12.3 NAME: PD HUGHEY, MIKE STREET ADDRESS: 205 S HOOVER ST CITY, ST, ZIP: TAMPA, FL 00000	13.3 OFFICER 13.3 NAME 13.3 STREET ADDRESS 13.3 CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12.4 NAME: SD CARTER, SHIRLEY STREET ADDRESS: 205 S. HOOVER ST. CITY, ST, ZIP: TAMPA FL	13.4 OFFICER 13.4 NAME 13.4 STREET ADDRESS 13.4 CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12.5 NAME: ASD BROWNE, DAN STREET ADDRESS: 205 S. HOOVER ST. CITY, ST, ZIP: TAMPA FL	13.5 OFFICER 13.5 NAME 13.5 STREET ADDRESS 13.5 CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12.6 NAME:	13.6 OFFICER 13.6 NAME 13.6 STREET ADDRESS 13.6 CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12.7 NAME:	13.7 OFFICER 13.7 NAME 13.7 STREET ADDRESS 13.7 CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(3)(b), 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 of this report, or on an attachment with an affidavit.

SIGNATURE: *Mike Hughey*
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Mike Hughey 4/28/95 (813) 286-2323
Pres.