

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 366492 1. Entity Name WARE OIL & SUPPLY COMPANY INC	
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Principal Place of Business 2715 S BYRON BUTLER PKWY PERRY, FL 32347	Mailing Address 2715 S BYRON BUTLER PKWY PERRY, FL 32347
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DO NOT WRITE IN THIS SPACE

03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1297200	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EVERETT, DON 2715 S BYRON BUTLER PKWY PERRY, FL 32347

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IN THIS SPACE**

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
After May 1, 2004 Fee will be \$550.00**

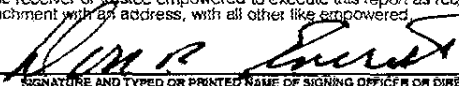
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000103447
04/05/04-80056-009 300 00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVERETT, DONALD R. 2715 S BYRON BUTLER PKWY PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EVERETT, DONA M. (MRS.) 103 RIDGE RD. PERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EVERETT, DON R., JR. 2715 S. BUTLER PKWY PERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EVERETT, DOUGLAS M. 2715 S. BUTLER PKWY PERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____