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

Principal Place of Business	Mailing Address
2715 S BYRON BUTLER PKWY PERRY, FL 32347	2715 S BYRON BUTLER PKWY PERRY, FL 32347

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

DO NOT WRITE 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	P
NAME	EVERETT, DONALD R.
STREET ADDRESS	2715 S BYRON BUTLER PKWY
CITY-ST-ZIP	PERRY, FL 32348
TITLE	ST
NAME	EVERETT, DONA M. (MRS.)
STREET ADDRESS	103 RIDGE RD.
CITY-ST-ZIP	PERRY, FL
TITLE	VP
NAME	EVERETT, DON R., JR.
STREET ADDRESS	2715 S. BUTLER PKWY
CITY-ST-ZIP	PERRY, FL
TITLE	VP
NAME	EVERETT, DOUGLAS M.
STREET ADDRESS	2715 S. BUTLER PKWY
CITY-ST-ZIP	PERRY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 #