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SECRETARY OF STATE
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DO NOT WRITE IN THIS SPACE.

CORPORATION
 ANNUAL REPORT
 1995


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

DOCUMENT # **382468** (7)
 1. Corporation Name
A & E ROAD OILING SERVICE, INC.

Principal Place of Business: **835-43RD STREET, S. ST PETERSBURG FL 33711**
 Mailing Address: **835-43RD STREET, S. ST PETERSBURG FL 33711**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
05/20/1971	06/24/1994
4. FEI Number	Applied For
59-1372247	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HAGAN, ARTHUR F
1701 BOCA CIEGA DR N
ST PETERSBURG FL 33710

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	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) _____ (Signature of Registered Agent required when reinstating) _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	PD HAGAN, ARTHUR F	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAGAN, ARTHUR F	1.2 NAME	
STREET ADDRESS	2701 BOCA CIEGA DR. NO.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	1.4 CITY - ST - ZIP	
TITLE	VD HAGAN, TIMOTHY	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAGAN, TIMOTHY	2.2 NAME	
STREET ADDRESS	3913 48TH AVENUE SOUTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	2.4 CITY - ST - ZIP	
TITLE	SD HAGAN, ELIZABETH C	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAGAN, ELIZABETH C	3.2 NAME	
STREET ADDRESS	2701 BOCA CIEGA DR. NO.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	3.4 CITY - ST - ZIP	
TITLE	T HAGAN, ELIZABETH C.	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAGAN, ELIZABETH C.	4.2 NAME	
STREET ADDRESS	2701 BOCA CIEGA DR. NO.	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

This Corporation is being dissolved. Please send me the necessary forms I need to file with your office. Thank you.

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 person 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 supplemental information with an address.

SIGNATURE: *Arthur F. Hagan* (ARTHUR F. HAGAN) 4-17-95 (813) 345-5605
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR