FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name H85948

(8)

SUPERTEST OIL COMPANY

Mailing Address

% L. M. HUGHEY 205 S HOOVER ST

Principal Place of Business

% L. M. HUGHEY 205 S HOOVER ST

FILED Jan 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SOACE

IAMPA PL 33	1009	IAMPA PL 33009	IAMPA PL 33009			3. Date Incorporated or Qualified	3 Date Incorporated or Qualified			
						11/15/1985				
2 Princinal P	Place of Business	2a. Mailing Address	2a Mailing Address			4. FEI Number				
21								ot Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.						59-2602169		Additional		
22 Suite: Apr.	27				5. Certificate of Status Desired		equired			
City & State City & State						6. Election Campaign Financing	\$5.00	May Be		
23 28				Trust Fund Contribution Added to Fees			to Fees			
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the curre	nt year In	tangible		
24	25 29 30				Personal Property Tax due June 30. 🔀 Yes 🔲 No					
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
HUGHEY, L.M.					81 Name					
205 S HOOVER ST				82 Street Address (P.O. Box Number is Not Acceptable)						
TAMPA FL 33609				Street Address (P.O. Box Northber is Not Acceptable)						
TAINE A LE 60009			•	83	3					
			-	84	City		es 7in	Code		
					•	FL	'			
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										
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 ager	nt and title if applicable. (NO	TE: Registered	l Ager	nt signature re	equired when reinstating) DATE				
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	RS IN 12		
TITLE	PD	☐ DELETE	1.1 TIT	TLE .			Change	Addition		
NAME	HUGHEY, L.M.			MF						
STREET ADDRESS					ADDRESS			1		
	T41001 F1									
CITY-ST-ZIP TITLE			1.4 CIT		1-219		Change	Addition		
	_		2.1 TITLE		-	onange				
NAME			1	2.2 NAME				Í		
STREET ADDRESS			ŧ	2.3 STREET ADDRESS		<i>*</i>				
CITY-ST-ZIP				TY-S	T- ZIP		1 01	4.440.		
TITLE				3.1 TITLE		L	_ Change	Addition		
NAME	BROWNE, J. DANFORTH		3.2 NA	3.2 NAME						
STREET ADDRESS	205 S. HOOVER ST.		3.3 ST		ADDRESS					
CITY-ST-ZIP			3.4. Ci	TY- \$1	T-ZIP					
TITLE	VD DELETE 4.1 T		4.1 TIT	LE			_ Change	Addition		
NAME	FARMER. JD 4.2		4. 2 N/	AME	1					
STREET ADDRESS	205 S HOOVER ST #400		4.3 ST	REET A	ADDRESS					
CITY-ST-ZIP										
TITLE	Ť			4.4 CITY- ST-ZIP 5.1 TITLE			Change	■ Addition		
NAME	RAWLINS, WANITA 5.2 N					-				
STREET ADORESS	205 S. HOOVER ST.			-	ADDRESS					
								ļ		
C:TY-ST-ZIP	V IAMITA FL	DELETE	5.4 CIT 6.1 TIT		- 217		Change	Addition		
TITLE	•	- Detele			į	<u>.</u>	⊒ Auguite	Addition		
NAME	THATCHER, CAROLYN		6.2 NA					ŀ		
STREET ADDRESS	205 S HOOVER ST #400				ADDRESS			ł		
CITY - ST - ZIP				Y-\$1			£ . 47 • •*			
14. 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										

SIGNATURE:

(813) 286-2323