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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J08433 (1)

1. Corporation Name
CIRCUS WORLD TEXACO, INC.



Principal Place of Business
5205 US HWY 27 N
DAVENPORT FL 33837

Mailing Address
5533 SO. O.B.T.
ORLANDO FL 32839
US

3. Date Incorporated or Qualified 03/31/1986	3a. Date of Last Report 05/03/1996
4. FEI Number 59-2663750	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

TADDEI, RUBENS
5533 S.O.B.T.
ORLANDO FL 32839

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	TADDEI, RUBENS	1.2 NAME	
STREET ADDRESS	5533 S.O.B.T.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32839	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	BORRELL, EDGAR	2.2 NAME	
STREET ADDRESS	5533 S.O.B.T.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32839	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	TADDEI, MARCELO	3.2 NAME	
STREET ADDRESS	5533 S.O.B.T.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32839	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

Date

(407) 851-3796

Daytime Phone #