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**95 APR 27 PM 12:41**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

**DOCUMENT # J98298 (9)**  
1. Corporation Name  
**LV PETRO, INC.**

Principal Place of Business Mailing Address  
**HWY 231 NORTH P.O. BOX 366 ALFORD FL 32420 US**      **% LAVONNA LITTLE P.O. BOX 366 ALFORD FL 32420**

3. Date Incorporated or Qualified **10/21/1987**      3a. Date of Last Report **04/19/1994**

4. FEI Number **59-2898350**      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**

7. This corporation has liability for intangible tax under S. 109.032, 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      29 Country      30 Country

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent  
**LITTLE, LAVONNA  
HIGHWAY 231 NORTH  
ALFORD FL 32420**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1609, 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      (NOTE: Registered Agent signature required when resigning)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, LAVONNA	1.2 NAME	
STREET ADDRESS	P.O. BOX 366 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	ALFORD FL	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, LAVONNA	2.2 NAME	
STREET ADDRESS	P.O. BOX 366 N/A	2.3 STREET ADDRESS	
CITY - ST - ZIP	ALFORD FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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	

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 receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with my signature.

SIGNATURE: *Lavonna Little* **LAVONNA LITTLE** **4-24-95** **904579-2111**  
Date      Daytime Phone #