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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L72116

(1)

AL'S CHEVRON SERVICE CENTER, INC.

· ·

Mailing Address

FILED Feb 23 1998 8:00am Secretary of State

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356 NORTH EGLIN PARKWAY FT WALTON BEACH FL 32547			356 NORTH EGLIN PARKWAY FT WALTON BEACH FL 32547									
									DO NOT WRITE IN 3. Date Incorporated or Qualified	1 THIS SE	ACE	······
									05/10/1990			
2. Principal Pla	ace of Busin	2a. Mailing Address						4. FEI Number		Ap	plied For	
21		26						59-3012100		No	t Applicable	
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.						6. Certificate of Status Desired		\$8.75 A		
City & State	3	City & State						6. Election Campaign Financing		\$5.00	May Be	
23		28						Trust Fund Contribution		Added t	o Fees	
Zip		Country	Zip	Zip Counti					8. This corporation owes or has paid	the curre	nt year Int	
24	25 29 30					Personal Property Tax due June 30. X Yes No 10. Name and Address of New Registered Agent						J No
		and Address of Current	Registered						10. Name and Address of New Regi	Stered A	gent	
		RY L., CPA		81 Name			Name					
	-	hyn blyd.					82 Street Address (P.O. Box Number is Not Acceptable)					
	TE 4		ا ا						 			
MA	HI ESIME	R FL 32569				83						
						84				FL		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 eppikeable. (NOTE: Registered Agent signature required when reinstating) DATE												
12.	Signaturo, type-c	OFFICERS AND			18				ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	\$ IN 12
TITLE	_0			DELETE	1.1	TITLE		T		[Change	☐ Addition
NAME	HOLGUI	IN, JOHN A			1.2	NAME						
STREET ADDRESS	356 NO	RTH EGLIN PARKWAY			1.3	STREET	ADDRESS	2	013 Jessica Way			
CITY-ST-ZIP	FT WAL	TON BEACH FL 32547			1.4	CITY-S	T-ZIP		avarre, FL 32506			
TITLE	Ū	1-10-TE-12-12-1-1-1		☐ DELETE		TITLE				[Change	☐ Addition
NAME	HOLGU	IN, SHARON L			2.2	NAME						
STREET ADDRESS		rth egun parkway	238			23 STREET ADDRESS 2		2	013 Jessica Way			
CITY-ST-ZIP	FT WAL	TON BEACH FL 32547			2	4 CITY-S	ST-ZIP	N	avarre, FL 32506			
TITLE				DELETE	3.1	TITLE		T	•	[Change	☐ Addition
NAME					3.2	NAME						
STREET ADDRESS					3.3	STREET	address					
CITY-ST-ZIP					3.4	I. CiTY - S	ST-ZIP					
TITLE				DELETE	4.1	TITLE				[Change	Addition
NAME					4.	2 NAME						
STREET ADDRESS					4.3	STREET	ADDRESS					
CITY-ST-ZIP				/···•	_	CITY-S	T-ZIP	<u> </u>			10	2,220
TITLE				☐ DELETE		TITLE				ι	Change	Addition
NAME					5.2	NAME						
STREET ADDRESS							address					l
CITY-ST-ZIP				D pr. see	_	CITY-S	T-ZIP	-		т	Chanas	Addition
TITLE				☐ DELETE		TITLE				L	Change	L. AUGINION
NAME						NAME						}
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP		(A)	ship Offer -	toon mat availe of	6.4	CITY-S	T-ZIP	l od is c	notice 119 07/3Vi) Florida Statutos I fu	irther cor	tify that the	information
14. Thereby 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 change(i) or on an attachment with an address.												
DIOCK 12 C	ואינים אנ	in organiged for on all attach	Minor Will a	a add 000.								