

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

**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90014 031 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000071379

1. Corporation Name

SANTA BARBARA FUELS, INC.

Principal Place of Business  
7392 RADIO ROAD  
NAPLES, FL 34104

Mailing Address  
7392 RADIO ROAD  
NAPLES, FL 34104

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 9/28/94	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0554131	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Kevin A. Kyle 8889 Pelican Bay Boulevard Suite 300 Naples, Florida 34108		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin P. Brinkhoff	1.2 NAME	
STREET ADDRESS	7392 Radio Road	1.3 STREET ADDRESS	
CITY - ST - ZIP	Naples, Florida 34104	1.4 CITY - ST - ZIP	
TITLE	D/V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawrence G. Summerfield	2.2 NAME	
STREET ADDRESS	7392 Radio Road	2.3 STREET ADDRESS	
CITY - ST - ZIP	Naples, Florida 34104	2.4 CITY - ST - ZIP	
TITLE	D/S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia A. Summerfield	3.2 NAME	
STREET ADDRESS	7392 Radio Road	3.3 STREET ADDRESS	
CITY - ST - ZIP	Naples, Florida 34104	3.4 CITY - ST - ZIP	
TITLE	D/T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Darcey L. Brinkhoff	4.2 NAME	
STREET ADDRESS	7392 Radio Road	4.3 STREET ADDRESS	
CITY - ST - ZIP	Naples, Florida 34104	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 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, with all other like empowered.

SIGNATURE:

L.G. SUMMERFIELD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-27-99

941/775-0051

Daytime Phone #