

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathias  
Secretary of State  
1995 January 14 - January 14, 1995

**APPROVED AND FILED**

5:11 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000090241 (8)**

**SUPERTEST OIL COMPANY**

Principal Place of Business: 205 SO. HOOVER STREET TAMPA FL 33609  
Mailing Address: 205 SO. HOOVER STREET TAMPA FL 33609

3. Date incorporated or organized <b>12/13/1994</b>		3a. Date of last report	
2. Principal Place of Business 21. Suite Apt # etc <b>Suite 400</b>	2a. Mailing Address 26. Suite Apt # etc <b>Suite 400</b>	4. FEI Number <b>59-3284294</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. City & State	25. City & State	29. City & State	30. City & State
6. The corporation has agents for purposes for under 5 Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>BROWNE, CHAD ESQ. 111 E. MADISON STREET STE. 2300 TAMPA FL 33602</b>		10. Name and Address of New Registered Agent			
		81. Name			
		82. Street Address (P.O. Box Number is Not Acceptable)			
		83. City			
		84. City	FL	85. Zip Code	

11. I, the undersigned, being duly sworn, depose and say that the above named corporation submits this statement for the purpose of changing its registered office of principal agent in the State of Florida. Said change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of said corporation and agree to the expiration of Section 607.06(1)(b) Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS IN 12		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	<b>PSTD HUGHEY, L M</b>	1. NAME	<b>P.T - D Hughey L M</b>
2. STREET ADDRESS	<b>205 SO. HOOVER STREET TAMPA FL 33609</b>	2. STREET ADDRESS	<b>205 S. Hoover Street, Suite 400 TAMPA, FL 33609</b>
3. CITY		3. CITY	
4. NAME		4. NAME	<b>Secretary - Director Shirley Carter</b>
5. STREET ADDRESS		5. STREET ADDRESS	<b>205 S. Hoover Street Suite 400 TAMPA, Florida 33609</b>
6. CITY		6. CITY	
7. NAME		7. NAME	
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY		9. CITY	
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY		15. CITY	

14. I, the undersigned, certify that the information supplied with this filing is substantially accurate and that I am duly qualified for the position of officer or director in the State of Florida. I further certify that the information is true and correct to the best of my knowledge and belief and that my signature shall have the same legal effect as if made under oath. If not true, the undersigned is liable for the same as provided in Section 607.06(1)(b) Florida Statutes, and that my name appears in this filing as provided in Section 607.06(1)(b) Florida Statutes with an address.

SIGNATURE: *Mike Hughey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Mike Hughey Pres**  
4/26/95 (013) 206 2323