

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S60479 (0)

1. Corporation Name
CROSSROADS R & R TEXACO, INC.



Principal Place of Business: **2688 NE DIXIE HWY. JENSEN BEACH FL 34957**
Mailing Address: **2688 NE DIXIE HWY. JENSEN BEACH FL 34957**

3. Date Incorporated or Qualified: **06/17/1991**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **1625 Old Dixie**
2a. Mailing Address: **P.O. Box 3162**
23. City & State: **Jupiter FL**
28. City & State: **Tequesta FL**
24. Zip: **33458** 25. Country: **FLch.** 29. Zip: **33469** 30. Country: **FLch.**

4. FEI Number: **65-0272123**
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

9. Name and Address of Current Registered Agent
**MILLER, RAY E.
2688 NE DIXIE HWY.
JENSEN BEACH FL 34957**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable): **1625 Old Dixie**
84. City: **Jupiter** FL 85. Zip Code: **33458**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	MILLER, RAY E.	
STREET ADDRESS	2688 NE DIXIE HWY	
CITY- ST- ZIP	JENSEN BEACH FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	MILLER, RICHARD	
STREET ADDRESS	2688 NE DIXIE HWY	
CITY- ST- ZIP	JENSEN BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	Same
13. STREET ADDRESS	1625 Old Dixie
14. CITY- ST- ZIP	Jupiter FL. 33458
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Same
23. STREET ADDRESS	1625 Old Dixie
24. CITY- ST- ZIP	Jupiter FL. 33458
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY- ST- ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY- ST- ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard Miller* **Richard Miller 7-4-96** 407-744-2096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)