

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 # **S86984** (9)

1. Corporation Name

COMO OIL COMPANY OF FLORIDA



Principal Place of Business

Mailing Address

**P O BOX 386
PALM CITY FL 34990**

**P O BOX 386
PALM CITY FL 34990**

3. Date Incorporated or Qualified
10/14/1991

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 **P.O. Box 386**

26 **P.O. Box 386**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Palm City, FL**

28 **Palm City, FL**

Zip

Country

Zip

Country

24 **34991**

25 **USA**

29 **34991**

30 **USA**

4. FEI Number
65-0289974

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUSEBY, RANDI J.
3586 SW MARTIN HIGHWAY
PALM CITY FL 34990**

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 then applicable

(Not for Registered Agent signature required when incorporating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☐ DELETE
NAME **HALL, ROBERT M**
STREET ADDRESS **2716 W SUPERIOR ST**
CITY-STATE-ZIP **DULUTH MN**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE **PD** ☐ DELETE
NAME **HUSEBY, RANDI J**
STREET ADDRESS **3586 SW MARTIN HWY**
CITY-STATE-ZIP **PALM CITY FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE **VP** ☐ DELETE
NAME **CULBERSON, DAN**
STREET ADDRESS **3586 SW MARTIN HWY**
CITY-STATE-ZIP **PALM CITY FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE **D** ☒ DELETE
NAME **HALL, JOHN**
STREET ADDRESS **2716 W SUPERIOR ST**
CITY-STATE-ZIP **DULUTH MN**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **SECRETARY/TREASURER**
4.3 STREET ADDRESS **MARK O. OESTREICH**
4.4 CITY-STATE-ZIP **2716 W. SUPERIOR ST.**
DULUTH, MN 55806

TITLE **D** ☐ DELETE
NAME **DONOVAN, JOHN**
STREET ADDRESS **2716 W SUPERIOR ST**
CITY-STATE-ZIP **DULUTH MN**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randi J. Huseby **6/4/96** **(407) 287-1900**

CR2E034 (12/95)