## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #**

P97000108113

1. Entity Name ANOCO, INC.



Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90330 036 \*\*\*150.00

						GOO WE	1200	<i>'</i>					
Principal Place of Business 620 LIVE OAK LANE PANAMA CITY FL 32408			Mailing Address 620 LIVE OAK LANE PANAMA CITY FL 32408					<u> 1 1887 841 178 1890 1880 1880 1880 1880 1880 1</u>	)  <b>]</b>	13181 13181 1180	I J <b>ià Gà</b> (1) I ( <b>T</b> 4)		
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
								CHECK HERE IF WAKING CHANGES					
City & State				City & State				4. FEI Number 59-3497277			-	pplied For lot Applicable	,]
Zip	Zip Country			Zip Count				5. (	Certificate of Status Desired		\$8.75 Ac Fee Requir	iditional ed	7
	6. Name a	nd Address of Current	Register	ed Agent			'	7. N	Name and Address of New Registe	red /	Agent		1
						Name							1
ROUILLARD, CHARLES E							et Address (P.O. Box Number is Not Acceptable)						
620 LIVE OAK LANE PANAMA CITY FL 32408												· · · · · · · · · · · · · · · · · · ·	-
PANAMA	UIT PL 324	JB											
						City				FL	Zip Co	de	
	named entity tions of register		r the purp	oose of changing its	registere	ed office or r	egistere	ed age	ent, or both, in the State of Florida.	am f	amiliar with	, and accept	7
SIGNATURE													1
SIGNATORE	Signature, typed or	printed name of registered agent	and title if ap	plicable. (NOTE	: Registere	d Agent signature	e required v	when rei	einstating) D	ATE			
F	ILE NOW!!!	FEE IS \$150.00							6 Election Compaign Figureins	_	05.	00	7
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				Shada				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
	K Payable to			)DC	<b>.</b>			40	DDITIONS (CLANGES TO GETOEDS	4410	DIDECTO	30 M 44	4
TITLE	P	OFFICERS AND	DIRECTO	Delete Delete	11. TITLE	.		AU	DITIONS/CHANGES TO OFFICERS	ANU	Change	Addition	16
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CITY-ST-ZIP	\	TY FL 32408			CITY	-ST-ZIP							_ [
TITLE	ST			☐ Delete	TITLE	: [					☐ Change	☐ Addition	٥
NAME	ROUILLARD				NAM								
STREET ADDRESS CITY-ST-ZIP	620 LIVE O	TY FL 32408				ET ADDRESS -ST-ZIP							
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NAME	MCCRANEY	. MARK		us Delete	NAM	l l					☐ Onlange		
STREET ADDRESS		PHIN AVENUE			STRE	ET ADDRESS							
CITY-ST-ZIP		TY FL 32413			CITY	-ST-ZIP							
TITLE				☐ Delete	TITLE						☐ Change	☐ Addition	]
NAME	1				NAMI	1							1
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP							
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TITLE NAME				☐ Delete	TITLE						☐ Change	Addition	
STREET ADDRESS						ET ADDRESS							

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

E. Rouillaro 4/25/03

850-233-656

Daytime Phone #

☐ Change

☐ Addition

CR2E034 (10/0)