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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(6)

DOCUMENT #
1. Corporation Name

CENTRAL OIL CO INC

| Principal Place of Business 1001 MCCLOSKEY BLVD. TAMPA FL 33605 US  |   | Mailing Address<br>P.O. BOX 5739<br>TAMPA FL 33675-5739<br>US |                 |                                |  | ,   |                            |           |               |
|---|---|---|-----------------|--------------------------------|--|---|----------------------------|-----------|---------------|
|   |   |   |                 |                                |  | 3. Date Incorporated or Qualified 05/10/1937                          | 3a. Date o                 | 2/13/19   | 995           |
| 2. Principal Pla  | ce of Business                            | 2a. Mailing Address<br>26                                     |                 |                                |  | 4. FEI Number<br>59-0914530   | Applied For Not Applicable |           |               |
| Suite, Apt. #   | , etc.                                    | Suite, Apt. #, etc.   |                 |                                |  | 5. Certificate of Status Desired \$8.75 Additional                    |                            |           |               |
| 22  |   | City & State  |                 |                                |  |   | <del></del>                | Required  |               |
| City & State  |   | 28  |                 |                                | 6. Election Campaign Financing Trust Fund Contribution | , , , , , , , , , , , , , , , , , , ,                                 |                            |           |               |
| Zip   | Country                                   | Zip   | Country         |                                |  | 8. This corporation has liability for intangible tax under s 199.032, |                            |           |               |
| 24  | 25  | 29  |                 |                                |  | Florida Statutes  |                            |           |               |
|   | 9. Name and Address of Current            | Registered Agent  |                 | 81                             | Name   | 10. Name and Address of New Ro  | egistered A                | gent      |               |
| GUYTO   | ON, JOHN A, JR.                           |   |                 |                                | Name   |   |                            |           |               |
| 1001 N  | ACCLOSKY BLVD.                            |   |                 | 82                             | Street Ac  | Address (P.O. Box Number is Not Acceptable)                           |                            |           |               |
| TAMPA   | NFL 33605                                 |   | 3               | 83                             |  |   |                            |           |               |
|   |   |   | ,               | 84                             | City   |   | 1=1                        | 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 renstating)  DA E |   |   |                 |                                |  |   |                            |           |               |
| 12.   | OFFICERS AND DIRECTORS 1                  |   | 13.             | rigoni                         |  | ADDITIONS/CHANGES TO OFFI   |                            | DIRECTO   | RS IN 12      |
| TITLE   | PD  | ☐ DELETE  | 1 1 1           | TLE                            |  | DIRECTOR  | ī2                         | Change    | Addition      |
| NAME  |   | ALVAREZ, JOSE A   |                 | AME                            |  | ALVAREZ, JUEA.  |                            |           |               |
| STREET ADDRESS  | 1001 MCCLOSKEY BLVD.<br>TAMPA FL          | ■ 1.3   |                 | REET A                         | ADDRESS  |   |                            |           |               |
| CITY-ST-ZIP   | VP  | D Dr. ere   |                 | TY-ST                          | - ZIP  |   |                            |           |               |
| TITLE   | ROBERTS, DALE A.                          | ☐ DELÉTE  | 2 1 TI          |                                |  |   |                            | Change    | Addition      |
| NAME  |   | 1001 MCCLOSKY BLVD  |                 | 2.2 NAME<br>2.3 STREET ADDRESS |  |   |                            |           | -             |
| STREET ADDRESS  | TAMPA FL                                  | TAMPA FI  |                 |                                |  |   |                            |           | 1             |
| CITY-ST-ZIP<br>TITLE  | SD  | ☐ DELETE  | 3.17            | TY-ST                          | - ZIP  |   |                            | Change    | Addition      |
| NAME  | GUYTON, CAROLE M                          | GUYTON, CAROLE M  |                 |                                |  |   |                            | o         |               |
| STREET ADDRESS  | 1001 MCCLOSKEY BLVD.                      |   |                 | 3.3 STREET ADDRESS             |  |   |                            |           |               |
| CITY-ST-ZIP   | TAMPA FL                                  |   |                 | TY-ST                          |  |   |                            |           | İ             |
| TITLE   | TD  | ☐ DELETE  | 4.11            | ITLE                           |  |   |                            | Change    | Addition      |
| NAME  | MENENDEZ, LUIS J.                         |   | 4.2 N/          | AME                            |  |   |                            |           |               |
| STREET ADDRESS  | 1001 MCCLOSKY BLVD.                       |   | 4.3 S1          | FREET A                        | ADDRESS  |   |                            |           | · .           |
| CITY-ST-ZIP   | TAMPA FL                                  | <u></u> .   |                 | TY-ST                          | - ZIP  |   |                            | /         |               |
| TITLE   | GUYTON, JOSEPH B                          | DELETE  | 5.1 T           |                                |  | PD-PRESIDENT DIRECTORYTON, JOSEPH B.                                  | ctor.                      | Change    | ☐ Addition    |
| NAME  | 1001 MCCLOSKEY BLVD.                      |   | 5.2 N/          |                                |  | TUYTON, VOSEPA B.   |                            |           |               |
| STREET ADDRESS  | TAMPA FL                                  |   | 4               |                                | ADDRESS  |   |                            |           |               |
| CITY-ST-ZIP   | D   | DELETE  |                 | TY-ST                          | - ZIP  |   |                            | Change    | Addition      |
| TITLE   | GUYTON, JOHN A III                        |   | 6. 1 T<br>6.2 N |                                |  |   |                            | Change    | L Addition    |
| NAME<br>expect annaces  | 1001 MCCLOSKEY BLVD.                      | MOCLOSKEY BLVD  |                 |                                | ADDRESS  |   |                            |           |               |
| STREET ADDRESS<br>CITY-ST-ZIP   | TAMPA FL                                  | TAMPA FI  |                 |                                | - ZIP  |   |                            |           |               |
|   | y certify that the information supplied w | ith this filing is voluntarily furnis                         |                 |                                |  | y for the exemption stated in Section 119.                            | 07(3)(k), Flori            | da Statut | es. 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 in changed, or on amountainment with an address.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICE OF DIRECTOR

03/12/94 (813)248-2105 Date: Daylore Prone 1