FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 134407

(6)

CENTRAL OIL CO INC

FILED
May 22 1997 8:00am
Secretary of State

Principal Piace of Business		Mailing Address			i idetal mann ritir arant didir danis id	n tellete timme ritit metti dient dente beste giner mint ment dente ander arter			
1001 MCCLOSK TAMPA FL 3360		P.O. BOX 5739 TAMPA FL 33675-5739							
US		US							
					3. Date Incorporated or Qualified 05/10/1937		te of Last f 9/1996	Report	
	ace of Business	2a. Mailing Address			4. FEI Number		A	pplied For	
21		26			59-0914530		N	ot Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional lequired	
City & State)	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28			Trust Fund Contribution			to Fees	
Zip	Country Zip		Coun	try	8. This corporation has liability for		tax under i	s. 199.032,	
24	25	29	30	····	Florida Statutes] No		
	9. Name and Address of Curre	nt Registered Agent			10, Name and Address of New	Registered /	\gent		
	ron, John A, Jr.		14	31 Nam	e McIntyre, James E.				
	MCCLOSKY BLVD.		la la	32 Stree	et Address (P.O. Box Number is Not Accept	lable)			
TAM	PA FL 33605		L		1001 McClosky Blvd.	,			
h			[4	33					
				34 City			as 7in	Codo	
			1	City	Tampa	FL	85 Zip	Code 3605	
15. Pursuant t	o the provisions of Sections 607.050	02 and 607.1508, Florida Stat	utes, the abo	ove-name			changing	its registered	
office or re agent. Lar	egistered agent, or both, in the State m familiar with, and accept the oblic	e of Florida. Such change was lations of Section 607 0505. I	s authorized Florid a Statu	by the co	ed corporation submits this statement for the orporation's board of directors. I hereby according to the control of the contro	cept the app	ointment as	s registered	
	The time with a tit doodpe the oping	janona an ocopon oci locoo, i	Made		Mr. L.Tore				
SIGNATURE.	Signative typed or printed name of registated ag	ent and title if applicable. (No	OTE: Vipistered	Agent signat	ure required when it instating)	DATE			
12.		ID DIRECTORS	V 13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12	
TITLE	D	⋈ DELETE	1.1 TiTL	£	AS/D		Change	XX Addition	
NAME	ALVAREZ, JOSE A		1.2 NAN	1E	BONDURANT, ROBERT D.				
STREET ADDRESS	1001 MCCLOSKEY BLVD.		1.3 STA	EET ADDRES					
CITY-ST-7IP	TAMPA FL			(-ST-ZIP	KILGORE, TX 75662				
THILF	VP	★ DELETE	2.1 TITL		VP/D		☐ Change	Addition .	
NAME	ROBERTS, DALE A.		2.2 NAA		MARTIN, RUBEN S., III	Ť	- •		
STREET ADDRESS	1001 MCCLOSKY BLVD.			eet addres		-			
City-St-7iP	TAMPA FL			Y-ST-ZIP	KILGORE, TX 75662				
TITLE	SD	DELETE	3.1 TiTL		VP/D		Change	XX Addition	
NAME	GUYTON, CAROLE M	ED CALLE	3.2 NAM		NEUMEYER, DONALD R.		- ming	*Jean . man. on	
STREET ADDRESS	1001 MCCLOSKEY BLVD.			eet addres	1 .				
	TAMPA FL								
CHY-ST-ZIP TITLE	TD	₩ DELETE	3.4. CII	Y-ST-ZIP	KILGORE, TX 75662	-,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	XXAddition	
NAME	MENENDEZ, LUIS J.	en occur	4. 2 NAI	_	ST/D		Unungo	X-X-nonnon	
•	1001 MCCLOSKY BLVD.				SKELTON, WESLEY				
STREET ADDRESS				EET ADDRES	TOT H. DUDING DI.				
CITY-SI-ZIP	TAMPA FL PD	DELETE.		-ST-ZIP	KILGORE, TX 75662		Chance	Addition	
TITLE		MP DETER	5.1 TITL		P		Change	4 Per Modition	
NAME	GUYTON, JOSEPH B		5.2 NAN		MCINTYRE, JAMES E.				
STREET ADDRESS	1001 MCCLOSKEY BLVD.			EET ADDRES	TOOL MOODORKE DUAD.				
CHY-\$1-7IP	TAMPA FL	• • • • • • • • • • • • • • • • • • • •		(-\$1-ZIP	TAMPA FL		T 1 2		
TITLE	D	DELETE	6.1 TITL	E	AS		Change	Addition	
NAM ?	GUYTON, JOHN A NI		6.2 NAN	AE.	DICK, TIM				
STREET ADDRESS	1001 MCCLOSKEY BLVD.		6.3 STR	EET ADDRES					
CCTY - \$1 - ZIP	TAMPA FL			/-SI-ZIP	TAMPA FL				
14 Lda boret	as portification that information ourselies	ed with this filing done not aug	life for the o	vometine	stated in Section 119 07(3)(i) Florida Stati	don I further	contibutho	t the	

4. I do 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 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 truliee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97

903-983-6200

Daytime Phone #