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May 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **134407** (6)

1. Corporation Name
CENTRAL OIL CO INC

Principal Place of Business
**1001 MCCLOSKEY BLVD.
TAMPA FL 33605
US**

Mailing Address
**P.O. BOX 5739
TAMPA FL 33675-5739
US**



3. Date Incorporated or Qualified **05/10/1937** 3a. Date of Last Report **03/19/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUYTON, JOHN A, JR.
1001 MCCLOSKEY BLVD.
TAMPA FL 33605**

81 Name

McIntyre, James E.

82 Street Address (P.O. Box Number is Not Acceptable)
1001 McClosky Blvd.

83

84 City

Tampa

FL

85 Zip Code
33605

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 instituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALVAREZ, JOSE A	
STREET ADDRESS	1001 MCCLOSKEY BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, DALE A.	
STREET ADDRESS	1001 MCCLOSKEY BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GUYTON, CAROLE M	
STREET ADDRESS	1001 MCCLOSKEY BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MENENDEZ, LUIS J.	
STREET ADDRESS	1001 MCCLOSKEY BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GUYTON, JOSEPH B	
STREET ADDRESS	1001 MCCLOSKEY BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUYTON, JOHN A III	
STREET ADDRESS	1001 MCCLOSKEY BLVD.	
CITY-ST-ZIP	TAMPA FL	

1.1 TITLE	AS/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BONDUFANT, ROBERT D.	
1.3 STREET ADDRESS	101 E. SABINE ST.	
1.4 CITY-ST-ZIP	KILGORE, TX 75662	
2.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARTIN, RUBEN S., III	
2.3 STREET ADDRESS	101 E. SABINE ST.	
2.4 CITY-ST-ZIP	KILGORE, TX 75662	
3.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NEUMEYER, DONALD R.	
3.3 STREET ADDRESS	101 E. SABINE ST.	
3.4 CITY-ST-ZIP	KILGORE, TX 75662	
4.1 TITLE	ST/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SKELTON, WESLEY	
4.3 STREET ADDRESS	101 E. SABINE ST.	
4.4 CITY-ST-ZIP	KILGORE, TX 75662	
5.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MCINTYRE, JAMES E.	
5.3 STREET ADDRESS	1001 MCCLOSKEY BLVD.	
5.4 CITY-ST-ZIP	TAMPA FL	
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DICK, TIM	
6.3 STREET ADDRESS	1001 MCCLOSKEY BLVD.	
6.4 CITY-ST-ZIP	TAMPA FL	

14. 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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97

903-983-6200

Date

Daytime Phone #

CR2E034 (9/96)