

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 156443 (4)

1. Corporation Name
MCDONALD -TOM- OIL COMPANY INC

Principal Place of Business: **5006 WEST KNOX STREET TAMPA FL 33634-0028**
Mailing Address: **5006 WEST KNOX STREET TAMPA FL 33634-0028**

**APPROVED
AND
FILED**

95 MAY -1 AM 8:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 [] 22 [] 23 [] 24 [] 25 []
2a. Mailing Address
26 [] 27 [] 28 [] 29 [] 30 []

3. Date Incorporated or Qualified: **11/13/1948**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-0601991**
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
**MARTINDALE, MARY ANN
5006 WEST KNOX STREET
TAMPA FL 33614**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3 []
B4 City
FL B5 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------------------|
| TITLE | PD |
| NAME | MARTINDALE, MARY ANN |
| STREET ADDRESS | 5006 W. KNOX STREET |
| CITY - ST - ZIP | TAMPA FL |
| TITLE | ST |
| NAME | MARTINDALE, NEWELL |
| STREET ADDRESS | 5006 W. KNOX STREET |
| CITY - ST - ZIP | TAMPA FL |
| TITLE | V |
| NAME | BOYETTE, LOUISE |
| STREET ADDRESS | 5006 W KNOX ST |
| CITY - ST - ZIP | TAMPA FL |
| TITLE | V |
| NAME | BOYETTE, HAROLD |
| STREET ADDRESS | 5006 W KNOX ST |
| CITY - ST - ZIP | TAMPA FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - 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)(b), 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: *Mary Ann Martindale* - **MARY ANN MARTINDALE** - **EG3-886-0777**
DATE: **April, 1995**