

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 167526 (3)

1. Corporation Name
NEUMANN OIL COMPANY



Principal Place of Business Mailing Address
**4901 W. HILLSBOROUGH AVE.
TAMPA FL 33634** **4901 W. HILLSBOROUGH AVE.
TAMPA FL 33634**

3. Date Incorporated or Qualified 12/01/1951	3a. Date of Last Report 01/26/1995
4. FEI Number 59-0671665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHMITZ, CHARLOTTE, C
4901 W. HILLSBOROUGH AVE
TAMPA FL 33634**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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: *Charlotte C. Schmitz* **Charlotte C. Schmitz, VP/Treasurer** **1/16/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	VD <input type="checkbox"/> DELETE
NAME	CLARK, ELIZABETH NEUMANN
STREET ADDRESS	3017 EUCLID
CITY - ST - ZIP	TAMPA FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	CLARK CHARLES W.
STREET ADDRESS	3017 EUCLID
CITY - ST - ZIP	TAMPA FL
TITLE	S <input type="checkbox"/> DELETE
NAME	CLARK, ELIZABETH NEUMANN
STREET ADDRESS	3017 EUCLID
CITY - ST - ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CLARK, ROBERT W.
STREET ADDRESS	111 E. MADISON ST #2400
CITY - ST - ZIP	TAMPA FL
TITLE	VT <input type="checkbox"/> DELETE
NAME	SCHMITZ, CHARLOTTE, C
STREET ADDRESS	17601 HACKAMORE PLACE
CITY - ST - ZIP	LUTZ FL 33549
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Clark, Elizabeth Neumann
1.3 STREET ADDRESS	17601 Hackamore Place
1.4 CITY - ST - ZIP	Lutz, FL 33549
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Clark, Charles W.
2.3 STREET ADDRESS	17601 Hackamore Place
2.4 CITY - ST - ZIP	Lutz, FL 33549
3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Clark, Elizabeth Neumann
3.3 STREET ADDRESS	17601 Hackamore Place
3.4 CITY - ST - ZIP	Lutz, FL 33549
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)(k), 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: *Charlotte C. Schmitz* **Charlotte C. Schmitz** **1-16-96** **813-884-4544**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)