

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90348 045 ***150.00

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DOCUMENT # 183738

1. Entity Name
MO-JO OIL CO INC



Principal Place of Business
**221 MCKENZIE AVE
PANAMA CITY FL 32402
US**

Mailing Address
**P.O. BOX 70
PANAMA CITY FL 32402**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6066439**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUTCHISON, EDWARD

~~2025 COUNTRY CLUB DRIVE~~ **1405 Bayou Court**
~~LYNN HAVEN FL 32444~~ **Panama City, FL 32401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **HUTCHISON, E. A. JR.**
STREET ADDRESS **3229 COUNTRY CLUB DRIVE**
CITY-ST-ZIP **LYNN HAVEN FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PSD** ☐ Delete
NAME **HUTCHISON, EDWARD**
STREET ADDRESS ~~2025 COUNTRY CLUB DRIVE~~
CITY-ST-ZIP ~~LYNN HAVEN FL~~

TITLE **PSD** ☒ Change ☐ Addition
NAME **Edward Hutchison**
STREET ADDRESS **1405 Bayou Court**
CITY-ST-ZIP **Panama City, FL 32401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ED HUTCHISON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

850-769-1414

Daytime Phone #

CR2E034 (10/02)