

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 AUG -4 AM 10: 25

DOCUMENT # 203090

(6)

1. Corporation Name

WARE-ROGERS OIL CO.

Principal Place of Business

400 W STATE ST.
P.O. BOX 1287
JACKSONVILLE IL 62651

Mailing Address

400 W STATE ST.
P.O. BOX 1287
JACKSONVILLE IL 62651

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/03/1957

3a. Date of Last Report

08/17/1994

4. FEI Number

59-6079211

Applied For

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGERS, CLARENCE
101 GULL DRIVE
DAYTONA BEACH FL 32019

81 Name

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

83

84 City

FL

85

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

Signature, typed or printed name of registered agent and date of application

NOTE: Registered Agent Signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	WARE, RICHARD
STREET ADDRESS	314 COUNTRY CLUB RD
CITY - ST - ZIP	JACKSONVILLE, IL 00000
TITLE	VD
NAME	WARE, JON
STREET ADDRESS	1553 MOUND
CITY - ST - ZIP	JACKSONVILLE, IL 00000
TITLE	PD
NAME	ROGERS, CLARENCE
STREET ADDRESS	101 GULL DR SO.
CITY - ST - ZIP	DAYTONA BCH. FL
TITLE	T
NAME	SCOBIE, MARK A.
STREET ADDRESS	603 LOCUST
CITY - ST - ZIP	JACKSONVILLE IL
TITLE	S
NAME	WARE, JAMES R.
STREET ADDRESS	11 AARON AVE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VD
NAME	WARE, WILLIAM
STREET ADDRESS	RR #1
CITY - ST - ZIP	JACKSONVILLE FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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:

MARK A. SCOBIE
TREASURER

6/12/95 207/245-9528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR