SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997 DOCUMENT # 203090 WARE-ROGERS OIL CO.

JACKSONVILLE IL

WARE, JAMES R.

JACKSONVILLE FL

11 AARON AVE

WARE, WILLIAM

JACKSONVILLE FL

RR #1

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

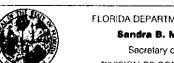
CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(6)

FILED Aug 01 1997 8:00am Secretary of State

Change

Addition

Change Addition

Principal Place 400 W STATE P.O. BOX 1287 JACKSONVILLE	L	Mailing Address 400 W STATE ST P.O. BOX 1207 JACKSONVILLE IL 62651		DO NOT WRITE		
				3. Date Incorporated or Qualified 06/03/1957	3a. Date of Last Report 05/29/1996	
2. Principal Place of Business / St. 28. Mailing Address. St. 21 400 W. State St. 26 400 W. Sta			ate St.	4. FEI Number 59-6079211	Applied For Not Applicable	
Sulte, Apt	#, eic.	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & Stato		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 62 C		20 62650 30	Country	This corporation owes or has pa Personal Property Tax due June	30. Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
ROGERS, CLARENCE			81 Name	lince D'Alessandro Sa.		
101 GULL DRIVE DAYTONA BEACH FL 32019			82 Street Address (PvO. Box Number is Not Acceptable)			
DATTONA DEAGN PL 32019			1206 W. Main St.			
			84 City Le	$-\lambda e^{\epsilon} \partial \mu r g$ FI $[\pi \mu 7 4 \chi]$		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 appliar with, and accept the obligations of Section 607.0505, Florida Statutes.						
agent. I am landillar with, and according obligations of Section 607,0505, Florida Statutes.						
SIGNATURE MADE NEWSCARON VINCE D'ALESSANDRO IN 28 DUL 97						
					DATE	
TITLE	VD OFFICERS AINL	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition	
NAME	WARE, RICHARD	L. POLLETE	1.2 NAME		Change	
STREET ADDRESS	314 COUNTRY CLUB RD					
City-St-Zip	JACKSONVILLE, IL 00000		1.3 STREET ADDRESS			
TITLE	VD	☐ DELETE	1.4 CITY-ST-7IP 2.1 TITLE		Change Addition	
NAME	WARE, JON	lead Trerit	2.2 NAME		Change Es Addition	
STREET ADDRESS	1553 MOUND		2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, IL 00000		2.4 CITY-ST-7/P			
TITLE	PD	₩ DELETE	3.1 TITLE		Change Addition	
NAME	ROGERS, CLARENCE	·	3.2 NAME		County Calvanton	
STREET ADDRESS	101 GULL DR SO.		3.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BCH. FL		3.4. CITY-ST-ZIP			
TITLE	1	DELETE	4.1 TITLE		Change Addition	
NAME	SCOBBIE, MARK A.		4. 2 NAME		La compa	
STREET ADDRESS	603 LOCUST		A 3 CIRCET ADDRECC			

CITY - ST - ZIP 6.4 CITY - ST - ZIP 14. I do hereby cartify 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 changes, or on an applichment with an address.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

5.1 THLE

52 NAME

61 TITLE

6.2 NAME

DELETE

DELETE