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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 204244 (8) CO-OP OIL COMPANY, INC. Principal Place of Business Mailing Address 4911 - 8TH AVE. SOUTH 4911 - BTH AVE. SOUTH **GULF PORT FL 33707** GULF PORT FL 33707-2612 3. Date Incorporated or Qualified 3a. Date of Last Report 07/13/1957 02/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-0812608 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, 25 Yes No 24 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 SMITH, JAMES E. 10266 - 95TH STREET NORTH 62 Street Address (P.O. Box Number is Not Acceptable) LARGO FL 34647 83 84 City 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, type dictipment dinamin of trigestimed agent and Mr. Capprocable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6)☐ Change Addition DELETE PD 11 TITLE TILLE SMITH, JAMES E. 1.2 NAME NAME 10266 - 95 STREET N. 13 STREET ADDRESS STREET ADDRESS LARGO FL 1.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 21 TITLE TITLE STD SMITH, CYNTHIA C. 2.2 NAME NAME 10266 - 95 STREET N. STREET ADDRESS 2.3 STREET ADDRESS LARGO FL 2. 4 CITY - ST - ZIP CITY-ST-7P Change Addition DELETE 3.1 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-74 DELETE Change Addition 4.1 YITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-S1-ZIF DELETE : Change Addition 5.1 TITLE THILE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIF DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

14. I do 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 armual 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

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIF

FILED

Jan 23 1997 8:00am

Secretary of State