

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

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95 MAY -1 PM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **204785** (0)

1. Corporation Name
J.A. MILES OIL COMPANY, INC.

Principal Place of Business
**209 W. Reynolds St.
PO DRAWER M
PLANT CITY FL 33564-9008**

Mailing Address
**209 W. Reynolds St.
PO DRAWER M
PLANT CITY FL 33564-9008**

2. Principal Place of Business
21 209 W. Reynolds St

2a. Mailing Address
26 P.O. DRAWER M

22 City & State
23 Plant City, Fl

24 Zip
33566

25 Hillsborough
30 HILLSBOROUGH

3. Date Incorporated or Qualified
09/01/1957

3a. Date of Last Report
03/08/1994

4. FEI Number
59-0814210

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

9. Name and Address of Current Registered Agent

**MILES, J. R
2901 JAMES L. REDMAN PKWY. 209 W. Reynolds St.
PLANT CITY FL 33566**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 _____ DATE _____
Signature: Typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS	
TITLE	VPDT
NAME	DOUGLASS, KATHY SUE
STREET ADDRESS	3403 N. FORBES RD.
CITY ST ZIP	PLANT CITY, FL 00000
TITLE	PDT
NAME	MILES, J R
STREET ADDRESS	6201 MILES FARM RD
CITY ST ZIP	PLANT CITY, FL 00000
TITLE	VPDS
NAME	MILES, MICHAEL
STREET ADDRESS	6202 MILES FARM RD.
CITY ST ZIP	PLANT CITY, FL 0
TITLE	AS
NAME	PELHAM, BETTY J
STREET ADDRESS	5603 HWY 92 W
CITY ST ZIP	PLANT CITY, FL 0
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KATHY MILES DOUGLASS
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Delete as Asst. Sec.
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 110.07(2)(b), 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: *Kathy Miles Douglass / Vice President* 4/28/95 813-752-4133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KATHY MILES DOUGLASS / V.P.