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FILED
May 14 1997 8:00am
Secretary of State



PROFIT CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
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. PLANT CITY FL 33566 US
Mailing Address: POST OFFICE DRAWER M PLANT CITY FL 33564-9008 US

3. Date Incorporated or Qualified: 09/01/1957
3a. Date of Last Report: 03/25/1996
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

2. Principal Place of Business: 21 1514 S. ALEXANDER ST, Suite, Apt. #, etc. 22 204, City & State
2a. Mailing Address: 26 1514 S. ALEXANDER ST, Suite, Apt. #, etc. 27 204, City & State
23 Zip: 24, Country 25
28 Zip: 29 33566, Country 30

9. Name and Address of Current Registered Agent
DOUGLAS, KATHERINE M.
209 WEST REYNOLDS STREET
PLANT CITY FL 33566

10. Name and Address of New Registered Agent
81 Name: DOUGLASS, KATHERINE M.
82 Street Address (P.O. Box Number is Not Acceptable): 1514 S. Alexander St. Suite 204
83
84 City: Plant City, FL 85 Zip Code: 33566

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: Katherine M. Douglas

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PDT	DOUGLASS, KATHY M. 3403 N. FORBES RD. PLANT CITY FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
VPD	DOUGLASS, CHARLES W 3403 N. FORBES RD PLANT CITY FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
VPDS	LIGGETT, LAWRENCE G 2111 E SANDLEWOOD DR PLANT CITY FL	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 type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		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 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 changed, or on an attachment with an address.

SIGNATURE: Kathy Miles Douglas
Date: 4/18/97
Daytime Phone #: 813-752-4133

CR2E034 (9/96)