## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PRÔFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1 Corporation	None # 204/85	•			
1. Corporation	ES OIL COMPANY, INC.	•			
J.A. WILL	ES OIL COMPANT, MC.		•	4 (46)(G (16)) GG)(I BYE)( 1861) 1871) G(8)	ı 21011 G1611 G1611 41012 G1611 (82)
	,				
Principal Place	e of Business	Mailing Address		1 (05)(0 (15)) 05)(1 (1505) (1506) 01(1 6)(1	i dibit dizil zinci nini didit idat
1514 S ALEXAN		1514 S ALEXANDER STREET	t		
STE #204		STE #204			
PLANT CITY FL	. 33566	PLANT CITY FL 33566		DO NOT WRITE IN TH	IS SPACE
US	•	US		3. Date Incorporated or Qualifed 09/01/1957	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	• •	26		59-0814210	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & Stat	е .	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	,	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	ntangible
24	25 ·	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	d Agent
501	MACO KATHERINE AA		81 Name		,
	IGLASS, KATHERINE M		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
1514 S ALEXANDER STREET				and the second of the particular and that	gradio aparica nati Monte Congresses
STE #204			83	1.超過時經過2012.多數數	結構機器類質
PLAI	NT CITY FL 33566		84 City	संभित्त कर्मा विकास करण करण करणा है। विकास करणा करणा करणा करणा करणा है। विकास करणा करणा करणा करणा करणा करणा कर	. 85 Zip Code
			0-4   Oily	F	
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida Statute:	s, the above-named com	poration submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the State	of Florida.'Such change was aut tions of "Section 607.0505. Flori	thorized by the corporate da Statutes.	ion's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	The state of the s	£"			
SIGNATURE	Signature, typed or printed name of registered ages	nt and title if applicable. (NOTE: f	Registered Agent signature require	nd when reinstating), 1,71/	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TILE	PDT <sub>0</sub> , the second	☐ DELETE	1.1 TITLE	26.40,400 115	☐ Change ☐ Addition
NAME	DOUGLASS, KATHY M.		1.2 NAME	•	
STREET ADDRESS	3403 N. FORBES RD.	•	1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		Change Addition
NAME	DOUGLASS, CHARLES W	•			
STREET ADDRESS	3403 N. FORBES RD	•	2.2 NAME	•	
	UTUS III. I OIIDEO IID	•	2.2 NAME 2.3 STREET ADDRESS		
***************************************	PLANT CITY FL	•			
CITY-ST-ZIP		☐ DELETE	2.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP	PLANT CITY FL	☐ DELETE	2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP TITLE (31)(1	PLANT CITY FL	☐ DELETE	2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE	LAST STORMERS MEDICAL PRO	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	PLANT CITY FL VPDS LIGGETT, LAWRENCE G	☐ DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		
CITY-ST-ZIP TITLE NAME	PLANT CITY FL VPDS LIGGETT, LAWRENCE G 2111 E SANDLEWOOD DR	☐ DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	7	
CITY-ST-ZIP TITLE (H) NAME (H) STREET ADDRESS CITY-ST-ZIP	PLANT CITY FL VPDS LIGGETT, LAWRENCE G 2111 E SANDLEWOOD DR PLANT CITY FL		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	7	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PLANT CITY FL VPDS LIGGETT, LAWRENCE G 2111 E SANDLEWOOD DR		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	7	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PLANT CITY FL VPDS LIGGETT, LAWRENCE G 2111 E SANDLEWOOD DR PLANT CITY FL		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	7	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PLANT CITY FL VPDS LIGGETT, LAWRENCE G 2111 E SANDLEWOOD DR PLANT CITY FL	☐ DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	7	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLANT CITY FL VPDS LIGGETT, LAWRENCE G 2111 E SANDLEWOOD DR PLANT CITY FL	□ DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	7	☐ Change 1 ② Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PLANT CITY FL VPDS LIGGETT, LAWRENCE G 2111 E SANDLEWOOD DR PLANT CITY FL	□ DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change 1 ② Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PLANT CITY FL VPDS LIGGETT, LAWRENCE G 2111 E SANDLEWOOD DR PLANT CITY FL	□ DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	7	☐ Change 1 ② Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME TITLE NAME NAME	PLANT CITY FL VPDS LIGGETT, LAWRENCE G 2111 E SANDLEWOOD DR PLANT CITY FL	□ DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change 1 ② Addition

14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90027 012 \*\*\*150.00