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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 23 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 262756

(0)

SERVICE OIL CORPORATION OF MILTON.

Principal Place 5550 N.W. DOG MILTON FL 325	SWOOD DR	Mailing Address P.O.BOX 388 MILTON FL 32572-0388					
					3. Date Incorporated or Qualified 09/17/1962	3a. Date of Last Report 02/20/1996	
 Principal P. 21 	ace of Business	2a. Mailing Address 26			4. FEI Number 59-0993432	Applied For Not Applicable	
Suite, Apt	#, etc	Surte, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State)	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	the control of the co		Countr	<i>y</i>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9. Name and Address of Curre	nt Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Re	gistered Agent	
	VE G. GILL		81	Name			
5550 N.W. DOGWOOD DR MILTON FL 32570			82	Street Add	idress (P.O. Box Number is Not Acceptable)		
			B3				
			84	'		FL 85 Zip Code	
11. Pursuant t office or re agent. Far	ni fapilitist with, and accept the obliq	gations of, Section 607 0505. F	ites, the abov authorized b lorida Statute	e-named corp y the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep	ا تستند ا	
S:GNATURE .	STOVE 6.Ce 1		0 5 1 (0 to		ired when reinstaling)	7-15.97 DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
THLE	P	DELETE	1.1 TITLE		***************************************	☐ Change ☐ Addition	
NAME	GILL, STEVE G.		1.2 NAME				
STREET ADDRESS CITY - ST - ZIP	5550 NW DOGWOOD DR MILTON FL 32570		1.3 STREE 1.4 City -	I ADORESS ST-ZIP			
TITLE	ST DELETE		2.1 TITLE			☐ Change ☐ Addition	
NAME:	GILL,BERTHA M.		2.2 NAME				
STREET ADDRESS	5550 N.W. DOGWOOD DR		2.3 STREE	F ADDRESS			
CHY-SI-ZIP	MILTON FL 32570		2. 4 CITY - ST- ZIP				
Πħι€	- 	OELETE	3.1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY - ST - Zir		DOLLET	3.4 CITY-	ST-ZIP			
TITLE		L_I DELETE	4.1 TiTLE			Change Addition	
NAME STREET ADDRESS			4. 2 NAME	l l			
CITY - ST - ZiP				ADDRESS			
TITLE		DELETE	4.4 C(TY - : 5 1 T(TLE	ST-ZIP		Change Addition	
NAMÉ			5.2 NAME			Lad Distrigo Lad Notice 1	
STREET ADDRESS				ADDRESS			
CHY - S1 - 707			54 CITY-				
TIT; F		DELETE	61 TITLE	J EII		Change Addition	
NAME			6.2 NAME				
STREET ADDRESS				ADDRESS			
CITY - S1 - ZiP			6.4 CHTY	ST-ZIP			
14. I do noreh	by cert by that the information $supplie$	d with this filing does not qua-	ity for the exe	mption stated	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the	
Lam an of	ficer or director of the combration of	the eceiver or trustee empor	wered to exe	urate and that cute this repo	d in Section 119.07(3)(i), Florida Statute It my signature shall have the same lega It as required by Chapter 607, Florida S	il effect as if made under dath; that Statutes; and that my name	

Steve 6.614 1-1597