SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL 20 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **279752** **(0)**

1. Corporation Name
FRANK CARROLL OIL COMPANY

Principal Place of Business	Mailing Address
ALEXANDER, JOHN R. P. O. BOX 2158 (2020 HWY. 17 S.) BARTOW FL 33830-2158 US	ALEXANDER, JOHN R. P. O. BOX 2158 (2020 HWY. 17 S.) BARTOW FL 33830-2158 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/24/1964
3a. Date of Last Report: 06/15/1994

2. Principal Place of Business
21: 2958 Fowler Street
Suite, Apt. #, etc. 22:
City & State 23: Fort Myers, Florida
Zip 24: 33901 Country 25: Lee

2a. Mailing Address
26: 2958 Fowler Street
Suite, Apt. #, etc. 27:
City & State 28: Fort Myers, Florida
Zip 29: 33901 Country 30: Lee

4. FEI Number: 59-1039090 ☐ Applied For ☐ Not Applicable

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

ALEXANDER, JOHN R
2020 U.S. HWY 17 S.
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name: Robert J. Wolfe
82 Street Address (P.O. Box Number is Not Acceptable): 2300 MURRY ROAD
83:
84 City: Alva, FL 85 Zip Code: 33920

11. Pursuant to the provisions of Section 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: Robert J. Wolfe, Vice President DATE: 6-30-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	President	☒ Change ☐ Addition
NAME	MOONEY, GENE	12 NAME	Martha R. Childs	
STREET ADDRESS	2020 U.S. HWY 17 S	13 STREET ADDRESS	3115 S.E. Montgomery Circle	
CITY-ST-ZIP	BARTOW FL	14 CITY-ST-ZIP	Arcadia, Fl.	
TITLE	DS	21 TITLE	Vice President	☒ Change ☐ Addition
NAME	ALEXANDER, JOHN R	22 NAME	Robert J. Wolfe	
STREET ADDRESS	2020 U.S. HWY 17 S	23 STREET ADDRESS	2300 Murry Road	
CITY-ST-ZIP	BARTOW FL	24 CITY-ST-ZIP	Alva, Fl. 33920	
TITLE	V	31 TITLE	Sec/Treas	☒ Change ☐ Addition
NAME	SOCKY, LLOYD	32 NAME	William R. Benton	
STREET ADDRESS	2958 FOWLER ST.	33 STREET ADDRESS	12500 Equestrian Circle #215	
CITY-ST-ZIP	FT. MYERS FL	34 CITY-ST-ZIP	Fort Myers, Fl. 33907	
TITLE	DT	41 TITLE		☐ Change ☐ Addition
NAME	BRUWELHEIDE, DALE A	42 NAME		
STREET ADDRESS	2020 U.S. HWY 17 S.	43 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: 6/30/95 (941) 334-2345
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT J. WOLFE

0150178 FP