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Apr 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 279752

(0)

1. Corporation Name

FRANK CARROLL OIL COMPANY

Principal Place of Business

Mailing Address

2958 FOWLER ST  
P. O. BOX 2158 (2020 HWY. 17 S.)  
FT MYERS FL 33901  
US

2958 FOWLER ST  
P. O. BOX 2158 (2020 HWY. 17 S.)  
FT MYERS FL 33901-6326  
US

3. Date Incorporated or Qualified

03/24/1984

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLFE, ROBERT J  
2300 MURRY RD  
ALVA FL 33920

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0532 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

4/01/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☒ Change ☐ Addition

NAME  
CHILD, MARTHA R  
STREET ADDRESS  
3115 SE MONTGOMERY CIRCLE  
CITY- ST- ZIP  
ARCADIA FL

1.2 NAME  
1.3 STREET ADDRESS

CHILD, HOOVER, MARTHA R

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME  
VP  
WOLFE, ROBERT J  
STREET ADDRESS  
2300 MURRY RD  
CITY- ST- ZIP  
ALVA FL

2.2 NAME  
2.3 STREET ADDRESS

TITLE ☐ DELETE

2.4 CITY- ST- ZIP

☐ Change ☐ Addition

NAME  
ST  
STEPHEN D. CHILDS  
STREET ADDRESS  
12581 EQUESTRIAN CIRCLE #803  
CITY- ST- ZIP  
FT. MYERS FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS

TITLE ☐ DELETE

3.4 CITY- ST- ZIP

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS

TITLE ☐ DELETE

4.4 CITY- ST- ZIP

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS

TITLE ☐ DELETE

5.4 CITY- ST- ZIP

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Wolfe

4/01/97

(941)334-2345

Date

Daytime Phone #

0396246

CR2E034 (9/96)