FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED
AND
FILED

95 MAY -1 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **294470** **(0)**

1. Corporation Name
CARGO GASOLINE CO

Principal Place of Business	Mailing Address
205 HOOVER ST TAMPA FL 33609	205 HOOVER ST. TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/06/1965	04/28/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	59-1097660	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
ZIP 24 / County 25	ZIP 29 / County 30	8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes.* ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HUGHEY, MIKE 205 SOUTH HOOVER TAMPA FL 33609	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 607.0502 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 (if changing registered agent, registered agent must sign here) (If New Registered Agent, signature required after completing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	TITLE	☐ Change ☐ Addition
NAME	RAWLINS, WANITA M.	NAME	
STREET ADDRESS	205 S HOOVER ST	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	CITY-ST-ZIP	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	HUGHEY, MIKE	NAME	
STREET ADDRESS	205 S HOOVER ST	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	CITY-ST-ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	HURST, HARRY E	NAME	
STREET ADDRESS	205 S HOOVER ST	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	CITY-ST-ZIP	
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	CARTER, SHIRLEY	NAME	
STREET ADDRESS	205 S HOOVER ST	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	CITY-ST-ZIP	
TITLE	ASD	TITLE	☐ Change ☐ Addition
NAME	BROWNE, DAN	NAME	
STREET ADDRESS	205 S. HOOVER ST.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report 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 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 added to the report.

SIGNATURE: Mike Hughey 4/28/95 (813) 286-2323
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — DATE — Daytime Phone #
Pres.

0442800 FP