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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:58

DOCUMENT # 305547 (2)

1. Corporation Name
DANIELS-MCKOWN OIL CO.

Principal Place of Business	Mailing Address
635 5TH ST S W P O BOX 859 WINTER HAVEN FL 33880	635 5TH ST S W P O BOX 859 WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: 21 PO Box 859	2a. Mailing Address: 26 PO Box 859
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 Winter Haven FL	City & State: 28 Winter Haven FL
Zip: 24 33880 Country: 25 USA	Zip: 29 33880 Country: 30 USA

3. Date Incorporated or Qualified: 05/27/1966
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-1143327 ☐ 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
9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCKOWN, BOBBY F.
9640 W LAKE RUBY DRIVE
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

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: Bobby F. McKown, Secy/Treas Jan 17, 1995
(Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mailed/faxed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MCKOWN, MITCHELL, S.	1.2 NAME	
STREET ADDRESS	2359 CRYSTAL BEACH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	VPST	2.1 TITLE	☐ Change ☐ Addition
NAME	MCKOWN,BOBBY F	2.2 NAME	
STREET ADDRESS	9640 W. LAKE RUBY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MCKOWN, MICHAEL S	3.2 NAME	
STREET ADDRESS	206 VAN FLEET BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is validly 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 on an attachment with an address.

SIGNATURE: Bobby F. McKown, Secy/Treas 1/17/95 813/682-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0514480 CP