**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10:10

DOCUMENT # 309456 (2)

1. Corporation Name
ACME OIL COMPANY INC

| Principal Place of Business | Mailing Address |
|---|---|
| 304 E FOURTH ST.<br>ORLANDO FL 32824<br>US | 3433 ~~S. WESTMORELAND~~ S. Westmoreland Dr<br>ORLANDO FL 32805 |

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 3. Date Incorporated or Qualified: 09/29/1966 | 3a. Date of Last Report: 04/07/1994 |
| 4. FEI Number: 59-1496901 | ☐ 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 |
| 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No | |

| | 2. Principal Place of Business | 2a. Mailing Address |
|---|---|---|
| 21/26 | 304 E. Fourth St | 3433 So. Westmoreland Dr |
| 22/27 | Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 23/28 | City & State: Orlando, Florida | City & State: Orlando, Fla |
| 24/29 | Zip: 32824 | Zip: 32805 |
| 25/30 | County: Orange | County: Orange |

**9. Name and Address of Current Registered Agent**

THRAILKILL, DOROTHY S.
3433 S. WESTMORELAND DRIVE
ORLANDO FL 32805-7179

**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 _____ DATE
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, ETC. | |
|---|---|---|---|
| TITLE | CVD President | 11 TITLE | ☐ Change ☐ Addition |
| NAME | THRAILKILL, DOROTHY S | 12 NAME | |
| STREET ADDRESS | 3433 W. MORELAND DR. 3433 S. Westmoreland Dr | 13 STREET ADDRESS | |
| CITY ST ZIP | ORLANDO FL | 14 CITY ST ZIP | |
| TITLE | VPST | 21 TITLE | ☐ Change ☐ Addition |
| NAME | THRAILKILL, WAYNE H | 22 NAME | |
| STREET ADDRESS | 6809 S. ORANGE AVENUE | 23 STREET ADDRESS | |
| CITY ST ZIP | ORLANDO FL | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☒ Change ☐ Addition |
| NAME | | 32 NAME | President<br>THRAILKILL Dorothy S |
| STREET ADDRESS | | 33 STREET ADDRESS | 3433 So Westmoreland Dr |
| CITY ST ZIP | | 34 CITY ST ZIP | Orlando Fl 32805 |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 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 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: Dorothy Threelkill - Pres. 6/9/95 (407) 855-2924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0512431 CP