

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 319844 (7)

95 APR 14 AM 9:11

1. Corporation Name
GLOVER OIL CO., INC.

Principal Place of Business

Mailing Address

3109 SOUTH MAIN ST.
P.O. BOX 790
MELBOURNE FL 32902

3109 SOUTH MAIN ST.
P.O. BOX 790
MELBOURNE FL 32902

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/14/1967

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-1173357

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

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

**GLOVER, JOSEPH H., III
PRESIDENT GLOVER OIL COMPANY
3109 SOUTH MAIN STREET
MELBOURNE FL 32901**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reselecting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	GLOVER, JOSEPH H. III
STREET ADDRESS	3109 SOUTH MAIN STREET
CITY - ST - ZIP	MELBOURNE FL 32901
TITLE	TS
NAME	SUHL, ANN
STREET ADDRESS	3109 SOUTH MAIN STREET
CITY - ST - ZIP	MELBOURNE FL
TITLE	Director
NAME	GEORGE WALDSTEIN OK
STREET ADDRESS	3109 S. MAIN ST.
CITY - ST - ZIP	MELBOURNE FL 32901
TITLE	DIRECTOR
NAME	JOHN C. JENNISON
STREET ADDRESS	3109 S. MAIN ST.
CITY - ST - ZIP	MELBOURNE, FL 32901
TITLE	Treasurer, Secy
NAME	ELIZABETH GLOVER
STREET ADDRESS	3109 S. MAIN ST
CITY - ST - ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Director
3.3 STREET ADDRESS	George Waldstein
3.4 CITY - ST - ZIP	3109 S. Main St Melbourne, FL 32901
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Include 1 Page #)

Elizabeth Glover
Elizabeth Glover

3/21/95

407-223-3953