FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90086 002 ***150.00

DOCUMENT # 319844 1. Corporation Name GLOVER OIL CO., INC.						
Principal Place of Business Mailing Address					C (400/00 (1/0/) (1/0/) (1/0/) (1/0/) (1/0/) (1/0/) (1/0/) (1/0/) (1/0/) (1/0/)	
3109 SOUTH MAIN ST. 3109 SOUTH MAIN ST.						
P.O. BOX 790 P.O. BOX 790					DO NOT WRITE IN THIS SPACE	
MELBOURNE FL 32902 MELBOURNE FL 32902					3. Date Incorporated or Qualifed	
					08/14/1967	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
21 26		⊢	¬ •		59-1173357 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State		City & State			6Election.Campaign.Financing \$5,00 May Be	
23	28				Trust Fund Contribution Added to Fees	
Zip			Country	<i>f</i>	8. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No	
24	9. Name and Address of Curren	t Registered Agent	0]		10. Name and Address of New Registered Agent	
	3. Name and Address of Cutter	t registated Agent	81	Name		
GLOVER, JOSEPH H., III			<u> </u>	Charact A	desce (D.O. Boy Number is Not Accordable)	
PRESIDENT GLOVER OIL COMPANY			82	82 Street Address (P.O. Box Number is Not Acceptable)		
3109 SOUTH MAIN STREET			83			
MELBOURNE FL 32901			84	City	85 Zip Code	
					FL_["	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	norized by	the corpor	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered ager	t and title if conlicable (NOTE: Re	nistered Are	ot signature rec	quired when reinstating) OATE	
12.	OFFICERS AND DIRECTORS		13.	in signatoro roc	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE 1.1 TO			☐ Change ☐ Addition	
NAME	GLOVER, JOSEPH H. III		1.2 NAME			
STREET ADDRESS	3109 SOUTH MAIN ST.		1.3 STREE	TADORESS		
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-8	ST-ZIP		
TITLE	TS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	GLOVER, ELIZABETH		2.2 NAME			
STREET ADDRESS	3109 S. MAIN ST.			TADORESS		
CITY-ST-ZIP	MELBOURNE FL	— — — — — — — — — — — — — — — — — — —	2.4 CITY-		☐ Change ☐ Addition	
TITLE	POWER TRIBLE	☐ DELETE	3.1 TITLE			
NAME	DOWNEY, TRINA W		3.2 NAME	TADDRESS		
STREET ADDRESS	3109 S MAIN ST MELBOURNE FL					
CITY-ST-ZIP TITLE	MELBOORNE FL			ST-ZIP	, Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 CITY-5			
TITLE			5.1 TITLE		☐ Change ☐ Addition	
NAME	E-1		5.2 NAME	1		
STREET ADDRESS	i e		5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST- 21P		
TITLE			6.1 TITLË	-	☐ Change ☐ Addition	
NAME	()		6.2 NAME			
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP	· · ·		6.4 CITY-5	ST-ZIP		

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE: