

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
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90059 042 ***150.00

DOCUMENT # 321343

1. Corporation Name

UNITED FUELS CORPORATION

Principal Place of Business

2018 NE 27TH AVE
P.O. BOX 5849 (ZIP - 32602)
GAINESVILLE FL 32609

Mailing Address

PO BOX 5849
GAINESVILLE FL 32627-5849
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1967

4. FEI Number

59-1195915

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ NO

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

REMBERT, DAVIS M
2720 NE 20TH WAY
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City Gainesville

FL

85 Zip Code

32606-3562

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

DM Rembert

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

(NOTE: Registered Agent signature required when reinstating)

1/11/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME REMBERT, DAVIS
STREET ADDRESS 6308 SW 37TH WAY
CITY-ST-ZIP GAINESVILLE, FL 0

TITLE SD ☐ DELETE

NAME REMBERT, JUDITH C.
STREET ADDRESS 6308 SW 37TH WAY
CITY-ST-ZIP GAINESVILLE, FL 0

TITLE TV ☒ DELETE

NAME REMBERT, DAVIS III
STREET ADDRESS 10921 NW 14 AVE
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☒ DELETE

NAME LLOYD, SPENCER D
STREET ADDRESS 6802 NW 43 PL
CITY-ST-ZIP GAINESVILLE F 32606

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

13607 N.W. 50 AVE

GAINESVILLE FL 32606-3562

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

13607 N.W. 50 AVE

GAINESVILLE FL 32606-3562

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/99 352-332-2335

CR2E034 (1/198)

0055418