CORPORATION ANNUAL REPORT 1995

DIVISION OF CORPORATIONS

FILED

95 APR 19 AM 7:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 335877 (7)

1. Corporation Name

POWELL OIL CO., INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~P.O. BOX 1088~~ 1010 Inman Ter. NW ~~49 RAINBOW LANE~~ Winter Haven ~~DUNDEE FL 33838~~ FL 33881	~~P.O. BOX 1088~~ 1010 Inman Ter NW ~~49 RAINBOW DRIVE~~ Winter Haven ~~DUNDEE FL 33838~~ FL 33881

3. Date Incorporated or Qualified: 10/02/1968
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address
21 1010 Inman Ter. NW	26 1010 Inman Ter. NW
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Winter Haven, FL	City & State 28 Winter Haven FL
Zip 24 33881 County 25 Polk	Zip 29 33881 County 30 Polk

4. FEI Number: 59-1225609 ☐ 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 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
POWELL, WILLIAM L ~~49 RAINBOW LANE~~ 1010 Inman Ter. NW. ~~DUNDEE FL 33838~~ Winter Haven, FL 33881	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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE	C.D.	☐ Change ☐ Addition
NAME	POWELL, WILLIAM L	12 NAME	William L Powell	
STREET ADDRESS	~~#49 RAINBOW LANE~~	13 STREET ADDRESS	1010 Inman Ter. NW	
CITY ST ZIP	~~DUNDEE FL 33838~~	14 CITY ST ZIP	Winter Haven, FL 33881	
TITLE	PSD	21 TITLE	PSD	☐ Change ☐ Addition
NAME	POWELL, EVELYN P.	22 NAME	Evelyn P. Powell	
STREET ADDRESS	~~#49 RAINBOW LANE~~	23 STREET ADDRESS	1010 Inman Ter. NW	
CITY ST ZIP	~~DUNDEE FL 33838~~	24 CITY ST ZIP	Winter Haven, FL 33881	
TITLE	VM	31 TITLE		☐ Change ☐ Addition
NAME	POWELL, DALLAS E.	32 NAME		
STREET ADDRESS	2125 MASTERPIECE RD.	33 STREET ADDRESS		
CITY ST ZIP	LAKE WALES FL	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME	T.S. 4/19/95	
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME	700001460657	
STREET ADDRESS		53 STREET ADDRESS	-04/20/95--01008--004	
CITY ST ZIP		54 CITY ST ZIP	****200.00 ****200.00	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 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: William L Powell William L. Powell Ch. of Board 4-7-95 (813) 299-8320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0516407 CP