**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

95 APR -4 PM 11: 13

DOCUMENT # **353248** **(8)**

1. Corporation Name

**PAY-LESS OIL COMPANY OF LARGO INC**

| Principal Place of Business | Mailing Address |
|---|---|
| 6205 N DALE MABRY HWY<br>P.O. BOX 151529<br>TAMPA FL 33684-1529 | 6205 N DALE MABRY HWY<br>P.O. BOX 151529<br>TAMPA FL 33684-1529 |

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 3. Date Incorporated or Qualified: 10/02/1969 | 3a. Date of Last Report: 05/01/1994 |
| 4. FEI Number: 59-1272755 | ☐ 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 | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

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

LIVINGSTON, CLIFTON A
501 HORATIO ST
TAMPA FL 33606

**10. Name and Address of New Registered Agent**

81 Name: Scott B. Meister
82 Street Address (P.O. Box Number is Not Acceptable): 6205 N. Dale Mabry Hwy.
83
84 City: Tampa, FL 85 Zip Code: 33614

11. Pursuant to the provisions of Section(s) 607.1505 and 607.1622, 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 607.325, Florida Statutes.

SIGNATURE: _____ Scott B. Meister, President 3/31/95
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 | D | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | MEISTER,HENRY W | 12 NAME | | |
| STREET ADDRESS | 6205 N. DALE MABRY | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | 14 CITY-ST-ZIP | | |
| TITLE | D | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | MEISTER, ANN B. | 22 NAME | | |
| STREET ADDRESS | 6205 N DALE MABRY | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | 24 CITY-ST-ZIP | | |
| TITLE | PSD | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | MEISTER, SCOTT B. | 32 NAME | | |
| STREET ADDRESS | 6205 N. DALE MABRY | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | 34 CITY-ST-ZIP | | |
| 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 | | |

14. I do hereby certify that the information supplied with this filing, if voluntarily furnished, does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental requirement 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, added or deleted.

**SIGNATURE:** _____ Scott B. Meister, President 3/31/95 (813)879-8875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000477B CP