

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 353248 (8)
1. Corporation Name
PAY-LESS OIL COMPANY OF LARGO INC

Principal Place of Business 6205 N DALE MABRY HWY P.O. BOX 151529 TAMPA FL 33684-1529	Mailing Address 6205 N DALE MABRY HWY P.O. BOX 151529 TAMPA FL 33684-1529
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/02/1969	
4. FEI Number 59-1272755		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent MEISTER, SCOTT B. 6205 N. DALE MABRY TAMPA FL 33614				10. Name and Address of New Registered Agent 81 Name HENRY W. MEISTER 82 Street Address (P.O. Box Number is Not Acceptable) 6205 N. DALE MABRY 83 84 City TAMPA FL 85 Zip Code 33614			
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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  HENRY W. MEISTER 4/29/98
Signature, typed name of officer or director, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	NAME	MEISTER, HENRY W	1.1 TITLE		1.2 NAME	
STREET ADDRESS			6205 N. DALE MABRY	1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP			TAMPA FL	2.1 TITLE		2.2 NAME	
TITLE	D	NAME	MEISTER, ANN B.	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
STREET ADDRESS			6205 N DALE MABRY	3.1 TITLE		3.2 NAME	
CITY - ST - ZIP			TAMPA FL	3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
TITLE	PSD	NAME	MEISTER, SCOTT B.	4.1 TITLE		4.2 NAME	
STREET ADDRESS			6205 N. DALE MABRY	4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP			TAMPA FL	5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
STREET ADDRESS				6.1 TITLE		6.2 NAME	
CITY - ST - ZIP				6.3 STREET ADDRESS		6.4 CITY - 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 both, attachment with an address.

CR2E034 (10/97)