PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 361893

1. Corporation Name

HARVEY FUEL OIL SERVICES, INC.

									(616) ane n a nen a	ARICALICA IARI
Principal Place of Business Mailing Address						(182122 1/112 1/12 1/13 1/13	,-,,	,		
6220 BEACH BLVD P.O. BOX 8602 JACKSONVILLE FL 32216-2706		6220 BEACH BLVD P.O. BOX 8602 JACKSONVILLE FL 32239-0602					DO NOT WRITE IN THIS SPACE			
		US					 Date Incorporated or Qualife 03/31/1970 	d 		_
Principal Place of Business 2a. Mailing			ing Address				4. FEI Number		<u> </u>	plied For
21		26					<u>59-1296408</u>	_		t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #	, etc.				_5. Certifcate of Status Desired		\$8.75 A Fee Re	
City & State		City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip		Country	7		8. This corporation owes the cu	rrent year i		_
24	25 29		30	30			Personal Property Tax.	_		□No
_	9. Name and Address of Currer	nt Registered Agent					10. Name and Address of New	Registere	d Agent	
				81	Name					
	RVEY, S. E. JR.		82 5			Addres	s (P.O. Box Number is Not Accep	otable)		
•	0 MARBLE COURT				000	7144100				
JAC	KSONVILLE FL 32211			83				1		
<u>.</u>				84	City		• •	F	85 Zip C	Code
l office or i	t to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such chai	nge was auth .0505, Florida	a Statutes	the corpo	oration	s board of directors. I nereby acc	ebi ille app	of changing its pointment as re	registered gistered
OIONATORE	Signature, typed or printed name of registered age		(NOTE: Re		nt signature r	required w	hen reinstating)	DATE	AND DIDECTS	
12.		ND DIRECTORS		13.		г	ADDITIONS/CHANGES TO C	OFFICERS A	Change	Addition
TITLE	VD		DELETE	1.1 TITLE					[_] Criange	L. Addition
NAME	BARNETT, PEGGY			1.2 NAME						
STREET ADDRESS	7130 MARBLE COURT			1.3 STREE	T ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-5	ST-ZIP			_		
TITLE	STD		DELETE	2.1 TITLE					Change	☐ Addition
NAME	HARVEY, ROSEMARY			2.2 NAME						
STREET ADDRESS	7130 MARBLE COURT			2.3 STREE	T ADDRESS				•	•
CITY-ST-ZIP	JACKSONVILLE, FL 00000			2. 4 CITY-	ST-ZIP	<u> </u>	<u> </u>			<u> </u>
TITLE	PD		DELETE	3.1 TITLE	_				☐ Change	☐ Addition
NAME	HARVEY JR, S.E.		:	3.2 NAME						
STREET ADDRESS	7130 MARBLE COURT			3.3 STREE	TADORESS					
CITY-ST-ZIP	JACKSONVILLE FL			3.4. CITY-	ST-ZIP					
TITLE			DELETE	4.1 TITLE					Change	Addition
NAME				4. 2 NAME						
STREET ADDRESS	S			4.3 STREE	TADDRESS					
CITY-ST-ZIP				4.4 CITY-5	ST-ZIP					
TITLE			DELETE	5.1 TITLE	_	1			Change	☐ Addition
NAME				5.2 NAME						
STREET ADDRESS	s			5.3 STREE	T ADDRESS	İ				
CITY-ST-ZIP	·			5.4 CITY-5	ST-ZIP					
TITLE			DELETE	6.1 TITLE	_	1	<u> </u>		☐ Change	Addition
NAME			•	6.2 NAME						

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

03/31/99 904/724-0453

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90003 036 ***150.00

Daytime Phone #