

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90002 034 \*\*\*150.00

**DOCUMENT # 387958**

1. Corporation Name

**PETROLEUM SERVICE CO. OF PENSACOLA INC.**

Principal Place of Business

P. O. BOX 4027  
325 E. COMMERCE STREET  
PENSACOLA FL 32507

Mailing Address

P. O. BOX 4027  
325 E. COMMERCE STREET  
PENSACOLA FL 32507

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/07/1971**

4. FEI Number

**59-1407673**

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. ☒ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TESCHEL, TERRY J.**  
**316 PAYNE RD.**  
**PENSACOLA FL 32507**

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

TITLE **DST** ☐ DELETE  
NAME **TESCHEL, CAMILLE M.**  
STREET ADDRESS **2112 BAINBRIDGE AVE.**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **P** ☐ DELETE  
NAME **TESCHEL, TERRY J.**  
STREET ADDRESS **316 PAYNE ROAD**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **DV** ☐ DELETE  
NAME **TESCHEL, RICKY**  
STREET ADDRESS **700 COLEMO PLACE DRIVE**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☐ DELETE  
NAME **TESCHEL, JOHN R.**  
STREET ADDRESS **2112 BAINBRIDGE**  
CITY-ST-ZIP **PENSACOLA FL**

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
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 on an attachment with an address.

SIGNATURE: *Terry J. Teschel* **TERRELL J. TESCHEL**

**7/13/99**

**850-453-1102**

CR2E034 (5/99)

387958  
594978-900023

**PETROLEUM SERVICE CO. OF PENSACOLA, INC.**

**P.O. Box 4027**

**PENSACOLA, FLORIDA 32507**

SERVICE STATION  
MAINTENANCE  
HOSE & NOZZLES

**Phone (904) 453-1102**  
**FAX (904) 455-0029**

TANK & PUMP  
INSTALLATION  
BUILDING REPAIR  
LIFT WORK

July 13, 1999

Annual Report Filings  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL. 32314

RE: Annual Registration Renewal

Attn: To Whom it May Concern

As stated above, I received an envelope containing our Annual Corporation Renewal Form, however it had SECOND NOTICE stamped on the envelope. I answer all the mail and I never received a first notice form to fill out.

In talking with personnel over the phone today, he requested that I pay the standard fee of \$150.00 along with this explanation.

Thank you for your assistance in this matter.

  
Terry J. Teschel  
President