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

APPROVED AND FILED

95 FEB 27 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **446758** **(5)**

1. Corporation Name

L & J. DIESEL SERVICE, INC.

Principal Place of Business	Mailing Address
5323 LENOX AVE. JACKSONVILLE FL 32205 US	5323 LENOX AVE. JACKSONVILLE FL 32205 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1974
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-1518902 ☐ 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

CUETO (LUIS M.)
2904 OAK CREEK LN.
JACKSONVILLE FL 32221

10. Name and Address of New Registered Agent

81 Name: Aida G. Cueto
82 Street Address (P.O. Box Number is Not Acceptable): 5042 Havenwood Oak Terrs
83
84 City: Jacksonville, FL 85 Zip Code: 32244

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: Aida G. Cueto — 02-22-95
Signature required 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	PD	11 TITLE	P.D.	☑ Change ☐ Addition
NAME	CUETO (LUIS M.)	12 NAME	Aida G. Cueto	
STREET ADDRESS	2904 OAK CREEK LANE	13 STREET ADDRESS	5042 Havenwood Oak Terrs	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE	STD	21 TITLE	V	☑ Change ☐ Addition
NAME	CUETO (AIDA)	22 NAME	Cueto, Jorge L.	
STREET ADDRESS	2904 OAK CREEK LANE	23 STREET ADDRESS	6332 Nancy Dr.	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY ST ZIP	Jacksonville, FL	
TITLE	V	31 TITLE	V	☑ Change ☐ Addition
NAME	CUETO, JORGE L	32 NAME	Cueto, OMAR	
STREET ADDRESS	6332 NANCY DR.	33 STREET ADDRESS	10009 Pebble Ridge Dr. N.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	34 CITY ST ZIP	Jacksonville FL 32220	
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	CUETO, O'MAR	42 NAME		
STREET ADDRESS	2904 OAK CREEK LN.	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	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 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 added by amendment with pen and ink.

SIGNATURE: [signature] OMAR Cueto 01-16-95 (904) 786-7402
SIGNATURE AND TITLE OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone Number

00218974 CP