

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murtham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **458900** (8)

1. Corporation Name  
**HOWARD'S JET AGE FUEL OIL CO.**



Principal Place of Business: **519 PENNSYLVANIA AVENUE CLEARWATER FL 34615**  
Mailing Address: **519 PENNSYLVANIA AVENUE CLEARWATER FL 34615**

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

|  |   |
|--|---|
| 3. Date Incorporated or Qualified<br><b>07/31/1974</b>   | 3a. Date of Last Report<br><b>05/01/1995</b>            |
| 4. FEI Number<br><b>59-1545876</b>   | Applied For<br>Not Applicable                           |
| 5. Certificate of Status Desired   | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Federal Campaign Financing<br>Trust Fund Contributor  | <input type="checkbox"/> \$5.00 May Be Added to Fees    |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |

|   |  |  |  |  |                        |
|---|--|--|--|--|------------------------|
| 9. Name and Address of Current Registered Agent                           |  |  |  | 10. Name and Address of New Registered Agent           |                        |
| <b>HAUGSETH, WM K<br/>519 PENNSYLVANIA AVENUE<br/>CLEARWATER FL 34615</b> |  |  |  | 81. Name   |                        |
|   |  |  |  | 82. Street Address (P.O. Box Number is Not Acceptable) |                        |
|   |  |  |  | 83.  |                        |
|   |  |  |  | 84. City   | <b>FL</b> 85. Zip Code |

11. Pursuant to the provisions of Sections 607.0507 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

|  |                    |  |                     |
|--|--------------------|--|---------------------|
| 12. OFFICERS AND DIRECTORS                 |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                        |                     |
| TITLE                                      | NAME               | TITLE  | NAME                |
| VD   | HAUGSETH, MARCIA L | D  | HAUGSETH, ROY K.    |
| 519 PENN AVE                               |                    | 519 Pennsylvania Av  |                     |
| LARGO FL                                   |                    | LARGO FL 34616   |                     |
| <input type="checkbox"/> DELETE            |                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                     |
| STD  | HAUGSETH, GLORIA   | VDT  | HAUGSETH, MARCIA L. |
| 519 PENN AVENUE                            |                    | 879 Penn Av.   |                     |
| LARGO, FL 00000                            |                    | LARGO FL 34616   |                     |
| <input checked="" type="checkbox"/> DELETE |                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                     |
| PD   | HAUGSETH, WM K     | PDS  | HAUGSETH, Wm. K     |
| 519 PENN AVENUE                            |                    | 519 Penn Av.   |                     |
| LARGO, FL 00000                            |                    | Largo FL 34616   |                     |
| <input type="checkbox"/> DELETE            |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                     |
| <input type="checkbox"/> DELETE            |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                     |
| <input type="checkbox"/> DELETE            |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                     |
| <input type="checkbox"/> DELETE            |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                     |
| <input type="checkbox"/> DELETE            |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                     |
| <input type="checkbox"/> DELETE            |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                     |
| <input type="checkbox"/> DELETE            |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                     |

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 199.032(a), 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 amendment with an address.

SIGNATURE *Marcia L. Haugseth* Marcia L. Haugseth 3/27/96 (813) 441-1706

CR2E034 (12/95)