

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

FILED

**Apr 23 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34615-4458
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/31/1974	3a. Date of Last Report 04/01/1996
21	26	4. FEI Number 59-1545876	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt #, etc	Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	23	28
Zip	Country	24	25
29	30	29	30
29	30	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HAUGSETH, WM K 519 PENNSYLVANIA AVENUE CLEARWATER FL 34615		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 *Marcia L. Haugseth* (NOTE: Registered Agent signature required when reinstating) DATE **4-17-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUGSETH, MARCIA L	1.2 NAME	
STREET ADDRESS	519 PENN AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	1.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUGSETH, ROY K.	2.2 NAME	
STREET ADDRESS	519 PENNSYLVANIA AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	2.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUGSETH, WM K	3.2 NAME	
STREET ADDRESS	519 PENN AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO, FL 00000	3.4 CITY - ST - ZIP	
TITLE	VDT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUGSETH, MARCIA	4.2 NAME	
STREET ADDRESS	519 PENN AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	4.4 CITY - ST - ZIP	
TITLE	DSP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUGSETH, WILLIAM K.	5.2 NAME	
STREET ADDRESS	519 PENN AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 *Marcia L. Haugseth* **Marcia L. Haugseth** 1-10-97 **(813) 441-1706**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)