

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

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90083 007 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 458900**

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**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/31/1974**

4. FEI Number  
**59-1545876** 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 Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address

26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**HAUGSETH, WM K  
 519 PENNSYLVANIA AVENUE  
 CLEARWATER FL 34615**

10. Name and Address of New Registered Agent

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code

**FL**

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** *Vice-Pres.* **1-26-99**  
 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	VD	<input type="checkbox"/> DELETE
NAME	HAUGSETH, MARCIA L	
STREET ADDRESS	519 PENN AVE	
CITY-ST-ZIP	LARGO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAUGSETH, WM K	
STREET ADDRESS	519 PENN AVENUE	
CITY-ST-ZIP	LARGO, FL 00000	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	HAUGSETH, MARCIA	
STREET ADDRESS	519 PENN AVENUE	
CITY-ST-ZIP	LARGO FL	
TITLE	DSP	<input type="checkbox"/> DELETE
NAME	HAUGSETH, WILLIAM K.	
STREET ADDRESS	519 PENN AVENUE	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *Marcia L. Haugseth* **MARCIA L. HAUGSETH V-P 1-26-99 441-1706**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)