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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:15

DOCUMENT # 463777 (3)

1. Corporation Name
HOLLINGSWORTH OIL CO., INC.

Principal Place of Business
1524 NE 2ND AVE.
FT. LAUDERDALE FL 33304

Mailing Address
1524 NE 2ND AVE.
FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/06/1974
3a. Date of Last Report: 02/08/1994

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

4. FEI Number: 59-1581400 ☐ 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

HULL, FLOYD V., JR.
1040 BAYVIEW DR.
SUITE 426
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent
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	PD
NAME	HOLLINGSWORTH, CHARLES
STREET ADDRESS	1524 NE 2ND AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VD
NAME	HOLLINGSWORTH, GREGORY
STREET ADDRESS	199 SW 3RD ST
CITY-ST-ZIP	POMPANO BCH FL
TITLE	STD
NAME	HOLLINGSWORTH, DIANE
STREET ADDRESS	1524 NE 2ND AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Charles R. Hollingsworth (305)-525-2943 3/02/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0011229 CP