FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 200.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthadii ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (2)477812 **DOCUMENT #** GAS KWICK, INC. Principal Place of Business Making Address 2004 DURHAM 2004 DURHAM P.O. BOX 5238 P.O. BOX 5238 TAMPA FL 33605-6068 TAMPA FL 33605-6068 3. Date incorporated or Qualified 3a. Date of Last Report 06/13/1975 07/14/1995 4. EEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-1602722 Not Applicable 26 21 \$8.75 Additional Suite. Apt. #, etc Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032. Zφ $Z_{\rm ID}$ Country Florida Statutes ☐ Yes ☐ No 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JOSEPH CAPITANO, JR. JOSEPH CAPITANO Street Address (P.O. Box Number is Not Acceptable) 82 2004 DURHAM ST. 2004 DURHAM STREET... TAMPA FL 33605 85 Zip Code В4 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607,0505, Florida Statutes. City 4-9-96 SIGNATURE (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS Addition DELETE 1.1885 TITLE GARCIA, ALFONSO CR2E034 1.2 NAME 2004 DURHAM STREET ADDRESS 13 STREET ADDRESS TAMPA, FL 00000 14 CITY - ST. ZIP CITY-S1-ZIP Addit on PD DELETE Change 2 5 TICLE THILF CAPITANO, JOSEPH 2.2 NAME NAME 2004 DURHAM 2.3 STREET ADDRESS STREET ADDRESS TAMPA, FL 00000 2.4 CHY-S1-28 CITY - ST - ZIP [] DELETE TITLE 3 1 HILE 32 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELFTE 4 1 7 TEF TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP ☐ Addition Change DELETE 5 1 III.F TITLE 5.2 NAME NAME 5.3 STREET ADOPESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition DELETE 6.111116 TITLE 6.2 NAME NAME 6.3 STREET ADDIRESS STREET ADDRESS 6.4 CiTY - ST - ZiP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this fling 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as regulated by Chapter 607. Florida Statutes; and that my name appears in Block 12 or process.

SIGNATURE:

LOVA -1111 NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-94 247-4731