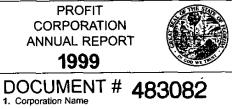
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

SELF SERVICE PETROLEUM CO., INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 03, 1999 8:00 am Secretary of State 05-03-1999 90037 019 ***150.00



									<u> </u>		
Principal Place of Business Mailing Address											
6205 NORTH DALE MABRY 6205 NORTH DALE MABRY							}				
PO BOX 151529			PO 80X 151529				DO NOT WRITE IN THIS SPACE				
TAMPA FL 3368 US	94-1529		TAMPA FL 33684-1529 US				3. Date Incorporated or Qualifed				
00		-					08/19/1975				
2. Principal Pl	ace of Business	2a. Mailing	g Address				4. FEI Number		Ap	plied For	
21		26	26				_59-1618163		. No	t Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75		
22		27	27				5. Certificate of Status Desireo		Fee Re	equired	
City & State	9 '	City &	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28	28				Trust Fund Contribution	<u> </u>	Added t	o Fees	
Zip	Zip Country		Zip Country				8. This corporation owes the current year Intangible				
24	25 29 30		30			Personal Property Tax. Yes No					
	9. Name and Address of Cur	rent Registered A	gent				10. Name and Address of New F	Registered A	(gent		
1.4E1C	TED COOTE P				81	Name					
	STER, SCOTT B.		1			Street Addre	t Address (P.O. Box Number is Not Acceptable)				
	N, DALE MABRY HWY.										
IAM	PA FL 33625			Ì	83						
				H	84	City			85 Zip (Code	
				Į		•	ration submits this statement for the	<u> FL</u>	1_1 _		
agent. (at	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered	ligations of, Section	n 607.0505, Floi	nda Statu	tes.	ignature required	n's board of directors. I hereby accel	DATE			
12.		AND DIRECTORS		13.			ADDITIONS/CHANGES TO OF	FICERS AN		RS IN 12	
TITLE	PSD		DELETE	1.1 TITL	Ē				Change	Addition (
NAME	MEISTER, SCOTT			1.2 NA	ΜE	1					
STREET ADDRESS 6205 N DALE MABRY			1.3 STREE			DDRESS					
CITY-ST-ZIP	TAMPA FL 33684-8529		1.4 0		Y-ST-Z	ZIP					
TITLE			☐ DELETE	2.1 TIT	E		,		☐ Change	Addition	
NAME	٠			2.2 NA	ME						
STREET ADDRESS		ے کے بیاد ہے۔ ۔	د سارمین برد	2.3 STF	REETAL	DDRESS	المنهجات ينشها سيءاد	سبد در		-	
CITY-ST-ZIP				2. 4 CIT	Y-ST-	ZIP					
TITLE			DELETE	3.1 T/III	Æ				Change	Addition	
NAME				3.2 NA	ME]				J	
STREET ADDRESS				3.3 STF	REETA	DDRESS					
CITY-ST-ZIP				3.4. CIT	Y-ST-	ZIP _					
TITLE			☐ DELETE	4.1 TIT	LE				Change	☐ Addition	
NAME				4.2 NA	ME					ĺ	
STREET ADDRESS				4.3 STF	REET A	DORESS		•		ļ	
CITY-ST-ZIP				4.4 CIT	Y-ST-Z	ZIP					
TITLE			□ DELETE	5.1 Tm	LE				☐ Change	☐ Addition	
NAME				5.2 NA	ME						
STREET ADDRESS				5.3 STF	REET A	DDRE\$\$					
CITY-ST-ZIP				5.4 CJT	Y-\$T-2	ZIP					
TITLE			DELETE	6.1 TITI	LE				Change	☐ Addition	
NAME	i			6.2 NA	ME						
STREET ADDRESS		/7/	7	6.3 STF	REETA	DDRESS				1	

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 of the corporation or the receiver of the corporation or the receiver of the corporation of the corporati

SIGNATURE: _

CR2E034 (11/98)