

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

CORPORATION  
ANNUAL REPORT  
1995

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS



APPROVED  
AND  
FILED

95 APR 21 PM 3: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 486666 (1)

1. Corporation Name  
JUST OIL COMPANY

Principal Place of Business  
724 SO. FLAGLER AVE.  
POST OFFICE DRAWER 900310  
HOMESTEAD FL 33090-7309

Mailing Address  
724 SO. FLAGLER AVE.  
POST OFFICE DRAWER 900310  
HOMESTEAD FL 33090-7309

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
10/27/1975

3a. Date of Last Report  
04/12/1994

4. FEI Number  
59-1625950

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  
BLAYLOCK, LAWRENCE H  
14995 SOUTHWEST 264TH STREET  
HOMESTEAD FL 33030

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 registering) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-----------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PD                    | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BLAYLOCK, LAWRENCE H  | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 14995 SW 264TH STREET | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | HOMESTEAD FL          | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | STD                   | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BLAYLOCK, JOSEPHINE H | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 14995 SW 264TH STREET | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | HOMESTEAD FL          | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                       | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                       | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                       | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                       | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                       | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                       | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                       | 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 changing or as an attachment with an addendum.

SIGNATURE: \_\_\_\_\_ 4-18-95

DATE: \_\_\_\_\_

15. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 changing or as an attachment with an addendum.