

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90158 026 ***300.00

DOCUMENT # 560867

1. Corporation Name
PRESTO GASOLINE, INC.

Principal Place of Business
607 S ALEXANDER ST
PLANT CITY FL 33566

Mailing Address
607 S ALEXANDER ST
PLANT CITY FL 33566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1978

4. FEI Number

59-1795810

Applied For

Not Applicable

5. Certificate of Status Desired: ☐ Yes ☒ No

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ Yes ☒ No

\$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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

AVERY, O. KEITH
607 SOUTH ALEXANDER STREET
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name Robinson, Gregory S.

82 Street Address (P.O. Box Number is Not Acceptable)
607 S. Alexander St.

83 City

84 Plant City FL

85 Zip Code 33566

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.

GREGORY S. ROBINSON

3/31/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ROBINSON, HUGH C, III
STREET ADDRESS 2869 HAMMOCK DR
CITY-ST-ZIP PLANT CITY, FL 00000 33567

TITLE VTD
NAME ROBINSON, CAROL M
STREET ADDRESS 19916 GULF BLVD, #2
CITY-ST-ZIP INDIAN SHORES FL 33785

TITLE V
NAME SMITH, CAROLYN R
STREET ADDRESS 8416 SOUTHWOOD PINES
CITY-ST-ZIP LITHIA FL 33547

TITLE V
NAME STILLINGS, ROBERT
STREET ADDRESS 2204 PARKVIEW DR
CITY-ST-ZIP PLANT CITY FL

TITLE S
NAME AVERY, KEITH
STREET ADDRESS 1914 HORSESHOE D.
CITY-ST-ZIP PLANT CITY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

CAROLYN R. SMITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0377802