FILE	NOW: FILING FEE	AFTER MAY 1 IS	\$225	5.00	1		
CORPC	OFIT DRATION L REPORT	Sandra B Secretary	FLOHIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				
DOCUM 1. Corporation Na		68 (6)					
CADIZ	DIESEL SERVICE, INC.						
Principal Place of Business Mailing Address 9699 OVERSEAS HIGHWAY 9699 OVERSEAS HIGHWAY					145 Bill 1911 1921 1921 Aug an		
MARATHON 1		MARATHON FL 33050	MARATHON FL 33050		3. Date Incorporated or Qualified 06/28/1978	3a. Date of Last Report 04/24/1995	
2. Principal Place	e of Business	2a. Mailing Address	**I		4. FEI Number 59-1833267	Applied For Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Z ip	Country	Ζιρ	Zip Count		This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No		
24	9 Name and Address of Curr	29 ent Registered Agent	[50]		10. Name and Address of New F	legistered Agent	
	9 Name and Address of our			81 Name			
CADIZ, WILLIAM J.				82 Street Add	et Address (P.O. Box Number is Not Acceptable)		
9699 OVERSEAS HIGHWAY							
MARATHON FL 33050				83			
				84 City		FL 85 Zip Code	
11. Pursuant to or registere familiar with	o the provisions of Sections 607.00 ad agent or both, in the State of Fl h, and accept the obligations of, S	502 and 607.1508, Florida Statuti lorida Such change was authoriz ection 607.0505, Florida Statutes	es, the ab ed by the	ove-named corporation's box	oration submits this statement for the pu ard of directors. Thereby accept the app	rpose of changing its registered office pointment as registered agent. I am	
				d Agent signature room	red when renstating	DATE	
Signal Life, Lifect or provided marks of registered agrees as the single of DRS					ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
12.	PD	DELETE	1 1	TallE		Change Addition	
TITLE NAME	CADIZ, WILLIAM J.		1.2	NAME			
STREET ADDRESS	2490 HARBOR DR.		13	STREET ADDRESS			
CITY - ST - ZIP	MARATHON FL			CITY-ST-ZIP		Change Addition	
TITLE	ST	DEL ETE		TILE			
NAME	CADIZ, MARY A.		22	NAME			

23 STREET ADDRESS 2490 HARBOR DR. STREET ADDRESS 2 4 C-TY - ST - ZIP MARATHON FL [] Change ☐ Addition CITY - ST - ZIP DELETE 3 1 Hill E THLE 3 2 NAME CADIZ, ALAN G. 33 STREET ADDRESS 2490 HARBOR DR. STREET ADDRESS 3.4 CITY - S1 - ZIP MARATHON FL Change ☐ Addition CITY-ST-ZIP 4 1 1/1LE DELETE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHTY - ST-ZIP ☐ Addition Change CITY-ST ZIP DELETE 5 1 TITLE 5.2 NAMÉ 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY-ST-ZIP Change Addition CITY - ST - ZIF ☐ DELETE 6 1 HISE TITLE 6.2 NAME NAME 63 STREE! ADDRESS STREET ADDRESS

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 logal effect as if made under 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 logal effect as if made under 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 logal effect as if made under 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 logal effect as if made under 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 logal effect as if made under 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 logal effect as if made under 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 logal effect as if made under 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 logal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same logal effect as if made under certify that the information indicated on the same logal effect as if made under certify that the information indicated on the same logal effect as if made under certify the exemption of the certific that the information indic

SIGNATURE: Mary Q. Cadin - MARY A. CADIZ 4-21-96 305-743-3771