

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 11:30

DOCUMENT # **581010** (6)

1. Corporation Name
FIVE C'S FUEL DOCK, INC.

Principal Place of Business Mailing Address
108 11TH STREET-OCEAN **108 11TH STREET-OCEAN**
MARATHON FL 33050 **MARATHON FL 33050**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
08/02/1978 **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	1280 OCEANVIEW AVE.	26	1280 OCEANVIEW AVE.	59-1870037		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23	MARATHON FLORIDA	28	MARATHON FL.	<input type="checkbox"/>			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	33050	25		29	33050	30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CULMER, GENE 1021 11TH STREET, OCEAN-1280 OCEANVIEW AVENUE MARATHON FL 33050				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULMER, GENE	1 2 NAME	
STREET ADDRESS	1021 11TH ST. OCEAN	1 3 STREET ADDRESS	1280 OCEANVIEW AVENUE
CITY, ST, ZIP	MARATHON FL	1 4 CITY, ST, ZIP	
TITLE	ST	2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULMER, SHIRLEY ANN	2 2 NAME	
STREET ADDRESS	1021 11TH STREET OCEAN	2 3 STREET ADDRESS	SAME AS ABOVE
CITY, ST, ZIP	MARATHON, FL 00000	2 4 CITY, ST, ZIP	
TITLE	VP	3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORNETTI, GINA	3 2 NAME	
STREET ADDRESS	1021 11TH ST. OCEAN	3 3 STREET ADDRESS	SAME AS ABOVE
CITY, ST, ZIP	MARATHON FL	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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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.

SIGNATURE: Gina Kornetti Gina Kornetti 3-30-95 305-743-2281
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Title Telephone #