


**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90046 027 \*\*\*150.00

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|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # 595700**

1. Corporation Name  
**FUEL SERVICES, INC.**



|  |  |
|--|--|
| Principal Place of Business<br>4425 MERRIMAC AVE.<br>JACKSONVILLE FL 32210 | Mailing Address<br>4425 MERRIMAC AVE.<br>JACKSONVILLE FL 32210 |
|--|--|

DO NOT WRITE IN THIS SPACE

|  |   |   |            |  |
|--|---|---|------------|--|
| 3. Date Incorporated or Qualified<br><b>11/22/1978</b>   |   | 4. FEI Number<br><b>59-1880660</b>  |            | Applied For<br><input type="checkbox"/> Not Applicable   |
| 2. Principal Place of Business<br>21 Suits, Apt. #, etc. | 2a. Mailing Address<br>26 Suits, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                       |            |  |
| 22 City & State  | 27 City & State                               | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |            |  |
| 23 Zip   | 24 Country                                    | 29 Zip  | 30 Country | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |

|   |  |   |             |
|---|--|---|-------------|
| 9. Name and Address of Current Registered Agent<br><b>ROGERS, ARNOLD S.<br/>4425 MERRIMAC AVE.<br/>JACKSONVILLE, FL 32210</b> |  | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | D <input type="checkbox"/> DELETE            | 1.1 TITLE   | PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | NEWTON, WILLIAM T M                          | 1.2 NAME  | ARNOLD S. ROGERS   |
| STREET ADDRESS             | 111 RIVERSIDE AVENUE, #140                   | 1.3 STREET ADDRESS                                    | 4425 MERRIMAC AVENUE   |
| CITY-ST-ZIP                | JACKSONVILLE FL 32202                        | 1.4 CITY-ST-ZIP                                       | JACKSONVILLE, FL 32210   |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME                       | NEWTON, RUSSELL B. JR.                       | 2.2 NAME  |  |
| STREET ADDRESS             | 2611 HOLLY PT. ROAD, E.                      | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | ORANGE PARK FL                               | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE              | 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                      | <input type="checkbox"/> DELETE              | 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                      | <input type="checkbox"/> DELETE              | 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                      | <input type="checkbox"/> DELETE              | 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 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: Arnold S. Rogers March 12, 1999 904-387-3441  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Arnold S. Rogers*

CRP/034 (1/1/99)