FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 10: 11

DOCUMENT # **608121** **(0)**

1. Corporation Name
ONE-STOP OIL COMPANY

Principal Place of Business	Mailing Address
4425 MERRIMAC AVE. JACKSONVILLE FL 32210	4425 MERRIMAC AVE. JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/26/1979**
3a. Date of Last Report: **04/19/1994**
4. FEI Number: **59-1880666** ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ROGERS, ARNOLD S
~~3038 LAKESHORE BLVD.~~ 3554 Richmond St.
JACKSONVILLE FL ~~32210~~ 32205

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	PSD	1.1 TITLE	PSD	X Change ☐ Addition
NAME	ROGERS, ARNOLD S	1.2 NAME	Rogers, Arnold S.	
STREET ADDRESS	~~3038 LAKESHORE BOULEVARD~~ 3554 Richmond St	1.3 STREET ADDRESS	3554 Richmond Street	
CITY-ST-ZIP	JACKSONVILLE FL 32205	1.4 CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	KLOSKI, THOMAS W.	2.2 NAME		
STREET ADDRESS	5446 MARINERS COVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	AT	3.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, JOHN M.	3.2 NAME		
STREET ADDRESS	4056 CLEARWATER OAKS DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	MANDARIN FL	3.4 CITY-ST-ZIP		
TITLE	AS	4.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, JOYCE A.	4.2 NAME		
STREET ADDRESS	4425 MERRIMAC AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 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.

SIGNATURE: A S Rogers Arnold S. Rogers, President 1/19/95 (904) 387-3441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016838 CP