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
95 JAN 25 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 632161 (6)

1. Corporation Name
MOTOR FUELERS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
13790B 49TH ST NOI PO BOX 210 CLEARWATER FL 34622 US	13790-B 49TH ST NO CLEARWATER FL 34622 US

3. Date Incorporated or Qualified: 08/07/1979
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21: 13790-B 49TH ST. No.
22: Suite, Apt. #, etc.
23: City & State: CLEARWATER FL
24: Zip: 34622
25: Country: US

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-1940863 ☐ 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

9. Name and Address of Current Registered Agent

MORTON, SHIRLEY H
13790B 49TH ST NO
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	MORTON, JAMES E.	1.2 NAME		
STREET ADDRESS	13790-B 49TH ST N	1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	MORTON, JAMES J.	2.2 NAME		
STREET ADDRESS	13790-B 49TH ST N	2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP		
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	MORTON, SHIRLEY	3.2 NAME		
STREET ADDRESS	13790B 49TH ST NO	3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	V	☒ Change ☐ Addition
NAME	MORTON, RICHARD D.	4.2 NAME		
STREET ADDRESS	13780-B 49TH ST N	4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☒ Change ☐ Addition
NAME	TILLMAN, BARRY J	5.2 NAME	TILMANN, BARRY J	
STREET ADDRESS	13790B 49TH ST NO	5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	DISHMAN, DAVID L	6.2 NAME		
STREET ADDRESS	13790B 49TH ST NO	6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	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: Shirley H. Morton Shirley H. MORTON 1-17-95 813 572-9762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0388630 CP