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

APPROVED AND FILED

95 APR 18 PM 5:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **680649** **(1)**

1. Corporation Name
PETRON, INC.

Principal Place of Business	Mailing Address
15431 CORTEZ BLVD. C/O PETER W NODES BROOKSVILLE FL 34613	15431 CORTEZ BLVD. C/O PETER W NODES BROOKSVILLE FL 34613

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/25/1980	3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-2011840	☐ 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

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 / County 25	Zip 29 / County 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NODES, PETER W. 7323 BROOKRIDGE CENTRAL BLVD. BROOKSVILLE FL 34613	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 _____
(Signature of person authorized to change registered agent and/or office) (NOTE: Registered Agent's signature required when mandatory) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	☐ Change ☐ Addition
NAME	NODES, PETER W.	12 NAME	
STREET ADDRESS	1153 BROOKRIDGE CEN BLVD	13 STREET ADDRESS	
CITY ST ZIP	BROOKSVILLE FL	14 CITY ST ZIP	
TITLE	SV	21 TITLE	☐ Change ☐ Addition
NAME	TOWNSEND, RONALD	22 NAME	
STREET ADDRESS	1153 BROOKRIDGE CEN BLVD	23 STREET ADDRESS	
CITY ST ZIP	BROOKSVILLE FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: Ronald Townsend 10-APR-95 (904)-796-6608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RONALD TOWNSEND

0970043 CP