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Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90048 048 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **681764**

1. Corporation Name

**GEORGE A. SMITH FUEL OIL INC**



Principal Place of Business <b>320 LURAY ST JACKSONVILLE FL 32254 US</b>	Mailing Address <b>320 LURAY ST JACKSONVILLE FL 32254 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>08/08/1980</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-2004120</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>24</b>		Zip <b>29</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country <b>25</b>		Country <b>30</b>		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 <b>SMITH, GEORGE A. 7748 STILLWELL RD. JACKSONVILLE FL 32221-1461</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>SMITH, GEORGE A.</b>	1.1 TITLE	1.2 NAME
STREET ADDRESS <b>7748 STILLWELL RD.</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE <b>V</b>	NAME <b>SMITH, SUE</b>	2.1 TITLE	2.2 NAME
STREET ADDRESS <b>7748 STILLWELL RD.</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE <b>ST</b>	NAME <b>SMITH, KEVIN</b>	3.1 TITLE	3.2 NAME
STREET ADDRESS <b>7748 STILLWELL RD.</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	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: *Sue Smith* (SUE SMITH) 3-11-99 904-786-2834

CR2E034 (11/98)