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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 693529

(0)

1. Corporation Name

F.W. SPRINGSTEAD OIL COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PH 2:45

Principal Place of Business
% JOSEPH E JOHNSTON, JR
29 SOUTH BROOKSVILLE AVENUE
BROOKSVILLE FL 34601

Mailing Address
% JOSEPH E JOHNSTON, JR
29 SOUTH BROOKSVILLE AVENUE
BROOKSVILLE FL 34601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/08/1981
3a. Date of Last Report 05/27/1994

2. Principal Place of Business
21 9872 DOMINGO DRIVE
Suite, Apt. #, etc.

2a. Mailing Address
26 9872 DOMINGO DR
Suite, Apt. #, etc.

4. FEI Number 59-2116040
Applied For Not Applicable

22 City & State
23 Brooksville Fla

27 City & State
28 Brooksville Fla

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 34601 25 Hernando 29 34601 30 HERNANDO

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

9. Name and Address of Current Registered Agent

JOHNSTON, JOSEPH E, JR
29 SO BROOKSVILLE AVE
BROOKSVILLE FL 34601

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME SPRINGSTEAD, ANN
STREET ADDRESS 9872 DOMINGO DR
CITY-ST-ZIP BROOKSVILLE, FL 00000

TITLE D
NAME SPRINGSTEAD, GERALD W
STREET ADDRESS 1110 PONCE DE LEON BV
CITY-ST-ZIP BROOKSVILLE, FL 00000

TITLE D
NAME SPRINGSTEAD, RICHARD W
STREET ADDRESS 181 MT FAIR AVENUE
CITY-ST-ZIP BROOKSVILLE, FL 00000

TITLE D
NAME SPRINGSTEAD, FRANK WILEY
STREET ADDRESS 24 PINE STREET
CITY-ST-ZIP BROOKSVILLE, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(b), 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:

Ann Springstead
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Feb 2, 1995 904 796 3272
Date Chapter Number