

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90209 030 ***158.75

DOCUMENT # 836236

1. Corporation Name

RESTRUCTURE PETROLEUM MARKETING SERVICES, INC.

Principal Place of Business

205 S HOOVER BLVD.
SUITE 101
TAMPA FL 33609
US

Mailing Address

205 S HOOVER BLVD.
SUITE #101
TAMPA FL 33609
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1976

4. FEI Number

75-1372068

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE

NAME CECCARELLI, JACK
STREET ADDRESS 205 S HOOVER BLVD. SUITE #101
CITY-ST-ZIP TAMPA FL 33609

TITLE VS ☒ DELETE

NAME VASSEY, BRADFORD
STREET ADDRESS 205 S HOOVER BLVD. SUITE #101
CITY-ST-ZIP TAMPA FL 33609

TITLE CAS ☒ DELETE

NAME ROBERTSON, CAROLYN
STREET ADDRESS 205 S HOOVER BLVD. SUITE #101
CITY-ST-ZIP TAMPA FL 33609

TITLE D ☒ DELETE

NAME FARMER, JAMES
STREET ADDRESS 205 S HOOVER BLVD. SUITE #101
CITY-ST-ZIP TAMPA FL 33609

TITLE D ☒ DELETE

NAME CORBETT, JOHN
STREET ADDRESS 1378 GROVE TERRACE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☒ DELETE

NAME JOHNSTON, MIKE
STREET ADDRESS 608 SEVERIGE COURT
CITY-ST-ZIP ROCKWALL TX 75087

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 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 or without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-99 (813)636-8111

CR2E034 (11/98)

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