

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:10

DOCUMENT # F39479

(3)

1. Corporation Name

TAMPA DIESEL SERVICE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O CHARLES C PASSMORE
7728 E HILLSBOROUGH AVE
TAMPA FL 33610
C/O CHARLES C PASSMORE
7728 E HILLSBOROUGH AVE
TAMPA FL 33610

3. Date Incorporated or Qualified 06/01/1981	3a. Date of Last Report 02/14/1994
4. FEI Number 59-2094253	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	

2. Principal Place of Business 21	2a. Mailing Address 26
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9. Name and Address of Current Registered Agent
PASSMORE, CHARLES C
7728 E HILLSBOROUGH AVE
TAMPA FL 33610

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 607.01 and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent in the State of Florida, such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and understand the obligations of Sections 607.01 and 607.1508, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME STREET ADDRESS CITY, STATE, ZIP	DP PASSMORE, CHARLES C 7728 E HILLSBOROUGH AVE TAMPA, FL 00000	12 NAME 12 STREET ADDRESS 12 CITY, STATE, ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY, STATE, ZIP		13 NAME 13 STREET ADDRESS 13 CITY, STATE, ZIP	☐ Change ☐ Addition
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NAME STREET ADDRESS CITY, STATE, ZIP		20 NAME 20 STREET ADDRESS 20 CITY, STATE, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information presented with this report is complete and true to the best of my knowledge and belief, and that the information is true and correct. I am familiar with and understand the obligations of Sections 607.01 and 607.1508, Florida Statutes. I understand that the information presented in this report is subject to audit by the Department of State and that any false or misleading information may result in the revocation of the corporation's charter and the imposition of penalties.

SIGNATURE: *Charles C. Passmore*
Charles C. Passmore

1-10-95 813-626-2298