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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # F59779

(1)

NESBITT'S SERVICE STATION, INC.

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## FILED Apr 14 1997 8:00am Secretary of State

Principal Pla 556 MAIN ST DUNEDIN FL US			Address Can Drive Sout R FL 34677-2431	TH .		3. Date Incorporated or Qualified 01/01/1982	3a. Date	of Last R	
2. Principal	Place of Business	2a. Maile	ng Address			4. FEI Number	07/00		plied For
21		26				59-2149047		_ <del></del>	t Applicable
Suite, Ap	t #. etc.	Suite 27	, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & Sta	ate	City	& State		<del></del>	6. Election Campaign Financing		\$5.00 Added	
<b>23</b> Zip	Country	28 Zip		Country	,	Trust Fund Contribution  8. This corporation has liability to			
24	25	29		30			Yes 🛣		. 199.032,
24	9. Name and Address o		Agent	1001		10. Name and Address of New R			
605	BER, WILLIAM F. JR. 5 PALM BLVD, SUITE A INEDIN FL 34897			82 83 84		Armando F. Mizio  Iress (P.O. Box Number is Not Accepto 25400 U.S. 19 North  Clearwater			Code 4623
SIGNATURE	Signature by and or printed name of reg	gistered agent and tile if applic	2 86 able. (NOT	Armar E Registered Age	ndo F. I	red when reinstating)	DATE	/20/97	7
	Signaturi iliş ed ar printeo name of reg	-d- 2 7	2 86 able. (NOT	Armar	ndo F. I	Mizio	DATE ICERS AND I	/20/97	7
SIGNATURE	Signature by and or printed name of reg	gistered agent and tile if applic	able. (NOT	Armar E Registered Apo	ndo F. I	Mizio  ired when reinstating)	DATE ICERS AND I	/20/97 DIRECTOR	7 RS IN 12
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14. I do 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.

SIGNATURE:

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold E. Nesbitt

01/20/97