

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # F93000000390 (5)

1. Corporation Name

FUEL EXPRESS SOUTH OF MT. PLEASANT, INC.

Principal Place of Business

POST OFFICE BOX 466  
MT. PLEASANT SC

Mailing Address

POST OFFICE BOX 466  
MT. PLEASANT SC

FILED

95 JAN 27 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/14/1993 3a. Date of Last Report 07/11/1994

4. FEI Number 57-0934947 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HATHAWAY, FRANK J  
902 WATERWAY PLACE  
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 his if applicable

(NOTE: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P  
CANNON, GLENN  
647 CAIN DR.  
MT. PLEASANT SC 29464

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPS  
FARISH, JAMES E JR.  
723 CRESCENT AVE.  
GREENVILLE SC 29601

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T  
CANNON, DOLORES  
647 CAIN DR.  
MT. PLEASANT SC

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

OK ☒ Change ☐ Addition

OK ☒ Change ☐ Addition

# 33-22nd Ave ☒ Change ☐ Addition

Isle of Palms SC 29451 ☒ Change ☐ Addition

VPS/T ☒ Change ☐ Addition

Cannon, Dolores ☒ Change ☐ Addition

# 33-22nd Ave ☒ Change ☐ Addition

Isle of Palms SC 29451 ☒ Change ☐ Addition

☐ Change ☐ Addition

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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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-95 803-881-9616

Date

Telephone (Area #)