

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

FILED  
Apr 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F94000000308 (6)

1. Corporation Name

PETROFERM INC.

Principal Place of Business

5415 FIRST COAST HWY.  
FERNANDINA BEACH FL 32034-9502

Mailing Address

5415 FIRST COAST HWY.  
FERNANDINA BEACH FL 32034-9502

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1994

4. FEI Number

52-1673090

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

9. Name and Address of Current Registered Agent

HAYES, MICHAEL E  
5415 FIRST COAST HIGHWAY  
FERNANDINA BEACH FL 32034-9502

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BURCKHARDT, ALFRED E  
STREET ADDRESS 5415 FIRST COAST HWY  
CITY-ST-ZIP FERNANDINA BEACH FL ☐ DELETE

TITLE DC  
NAME HAVENS, PETER H  
STREET ADDRESS 10 SOUTH BRYN MAWR AVE  
CITY-ST-ZIP BRYN MAWR PA ☐ DELETE

TITLE T  
NAME MORRIS, REGINALD A  
STREET ADDRESS 12119 OLDFIELD POINT DR  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE CEO  
NAME HAYES MICHAEL E  
STREET ADDRESS 884 OAK LANE  
CITY-ST-ZIP FERNANDINA BEACH FL ☐ DELETE

TITLE S  
NAME JONES, MORGAN R  
STREET ADDRESS 1345 CHESTNUT STREET  
CITY-ST-ZIP PHILADELPHIA PA ☐ DELETE

TITLE P  
NAME CROSS, GEOFFREY R  
STREET ADDRESS 4712 YACHTSMAN'S DR  
CITY-ST-ZIP FERNANDINA BCH FL ☐ DELETE

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 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 *P. Cross* 4/17/98 9:44:21 AM

CR2E034 (10/97)