FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # F94000005212 (5)

1. Corporation Name
FLEET FUEL SALES, INC.

Principal Place of Business	Mailing Address
PO BOX 3366 AUGUSTA GA 30914-3366	PO BOX 3366 AUGUSTA GA 30914-3366

3. Date Incorporated or Qualified: 10/07/1994
3a. Date of Last Report: 03/07/1995
4. FEI Number: 58-2125585 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD ☐ DELETE	1.1 TITLE	CHAIRMAN/DIRECTOR ☑ Change ☐ Addition
NAME	BOARDMAN, CLAYTON P III	1.2 NAME	
STREET ADDRESS	1804 GORDON HWY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUGUSTA GA	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	CEO/DIRECTOR ☑ Change ☐ Addition
NAME	BOARDMAN, BRAYE C	2.2 NAME	
STREET ADDRESS	1804 GORDON HWY.	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUGUSTA GA 30914	2.4 CITY-ST-ZIP	
TITLE	COOD ☐ DELETE	3.1 TITLE	CORPORATE SECRETARY ☐ Change ☑ Addition
NAME	CARTER, TRACY S	3.2 NAME	ELLEN H. HARPER
STREET ADDRESS	1804 GORDON HWY.	3.3 STREET ADDRESS	1804 GORDON HWY.
CITY-ST-ZIP	AUGUSTA GA	3.4 CITY-ST-ZIP	AUGUSTA, GA 30904
TITLE	VD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COLLEY, HENRY E	4.2 NAME	
STREET ADDRESS	1804 GORDON HWY.	4.3 STREET ADDRESS	
CITY-ST-ZIP	AUGUSTA GA 30914	4.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MENK, PAUL T	5.2 NAME	
STREET ADDRESS	1804 GORDON HWY.	5.3 STREET ADDRESS	
CITY-ST-ZIP	AUGUSTA GA 30914	5.4 CITY-ST-ZIP	
TITLE	T ☑ DELETE	6.1 TITLE	CFO ☐ Change ☑ Addition
NAME	CARTER, TRACY S	6.2 NAME	~~[illegible]~~ WILLIAM B. RIGDON
STREET ADDRESS	1804 GORDON HWY.	6.3 STREET ADDRESS	1804 GORDON HWY
CITY-ST-ZIP	AUGUSTA GA 30914	6.4 CITY-ST-ZIP	AUGUSTA, GA 30904

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 119.07(3)(k), 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: Ellen H. Harper ELLEN H. HARPER 2/8/96 706/481-1763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)