

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90019 045 \*\*\*150.00

DOCUMENT # F94000005212

1. Corporation Name

FLEET FUEL SALES, INC.

Principal Place of Business

PO BOX 3366  
AUGUSTA GA 30914-3366

Mailing Address

PO BOX 3366  
AUGUSTA GA 30914-3366

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1994

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 1450 GREENE STREET

Suite, Apt. #, etc.

22 SUITE 550

City & State

23 AUGUSTA, GA

Zip

24 30901

Country

25 USA

2a. Mailing Address

26 1

Suite, Apt. #, etc.

27

City & State

28

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

TITLE ☐ DELETE

NAME CD  
BOARDMAN, CLAYTON P III  
STREET ADDRESS 1804 GORDON HWY.  
CITY-ST-ZIP AUGUSTA GA

TITLE ☐ DELETE

NAME CEOD  
BOARDMAN, BRAYE C  
STREET ADDRESS 1804 GORDON HWY.  
CITY-ST-ZIP AUGUSTA GA

TITLE ☐ DELETE

NAME COOD  
CARTER, TRACY S  
STREET ADDRESS 1804 GORDON HWY.  
CITY-ST-ZIP AUGUSTA GA

TITLE ☐ DELETE

NAME VD  
COLLEY, HENRY E  
STREET ADDRESS 1804 GORDON HWY.  
CITY-ST-ZIP AUGUSTA GA 30914

TITLE ☐ DELETE

NAME VD  
MENK, PAUL T  
STREET ADDRESS 1804 GORDON HWY.  
CITY-ST-ZIP AUGUSTA GA 30914

TITLE ☐ DELETE

NAME CS  
HARPER, ELLEN H.  
STREET ADDRESS 1804 GORDON HWY  
CITY-ST-ZIP AUGUSTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 1450 GREENE STREET, SUITE 500  
1.4 CITY-ST-ZIP AUGUSTA, GA 30901

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 1450 GREENE STREET, SUITE 500  
2.4 CITY-ST-ZIP AUGUSTA, GA 30901

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 1450 GREENE STREET, SUITE 550  
3.4 CITY-ST-ZIP AUGUSTA, GA 30901

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS 1450 GREENE STREET, SUITE 500  
4.4 CITY-ST-ZIP AUGUSTA, GA 30901

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS 1450 GREENE STREET, SUITE 500  
5.4 CITY-ST-ZIP AUGUSTA, GA 30901

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS 1450 GREENE STREET, SUITE 500  
6.4 CITY-ST-ZIP AUGUSTA, GA 30901

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, with all other like empowered.

SIGNATURE:

REDEEN H. HARPER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99  
Date

706-262-4003  
Daytime Phone #

CR2E034 (1/1/98)

0549473