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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000002118 (5)

1. Corporation Name
WYNN OIL COMPANY

Principal Place of Business

1050 W 5TH ST
AZUSA CA 91702

Mailing Address

1050 W 5TH ST
AZUSA CA 91702-3308



2. Principal Place of Business

21 Suite Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 500 N. STATE COLLEGE

Suite, Apt. #, etc.

27 SUITE 700

City & State

28 ORANGE, CA

Zip

29 92868

Country

30 USA

3. Date Incorporated or Qualified

04/26/1996

3a. Date of Last Report

N/A

4. FEI Number

95-1517407

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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	DC	<input type="checkbox"/> DELETE
NAME	CARROLL, JAMES	
STREET ADDRESS	104 HARTMANN DR	
CITY - ST - ZIP	LEBANON TN 37087	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	FILOWITZ, MARK S DR	
STREET ADDRESS	1050 W 5TH ST	
CITY - ST - ZIP	AZUSA CA 91702	
NAME	DVS	<input type="checkbox"/> DELETE
STREET ADDRESS	GIBBONS, GREGG M	
CITY - ST - ZIP	500 N STATE COLLEGE BLVD #700	
	ORANGE CA 92868	
TITLE	V	<input type="checkbox"/> DELETE
NAME	OELSCHIG, BEVERLEY J	
STREET ADDRESS	1050 W 5TH ST	
CITY - ST - ZIP	AZUSA CA 91702	
TITLE	VCFO	<input checked="" type="checkbox"/> DELETE
NAME	RIXSON, STEWART M	
STREET ADDRESS	1050 W 5TH ST	
CITY - ST - ZIP	AZUSA CA 91702	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHLOSSER, SEYMOUR	
STREET ADDRESS	500 N STATE COLLEGE BLVD #700	
CITY - ST - ZIP	ORANGE CA 92868	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VCFO
5.3 STREET ADDRESS	ALFORD B. Neely
5.4 CITY - ST - ZIP	1050 W. 5TH ST.
	AZUSA, CA 91702
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Seymour A. Schlosser

4/25/97

(714) 938-3700

Signature Phone #

CR2E034 (9/96)