

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  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90050 039 \*\*\*150.00

DOCUMENT # F96000002118

1. Corporation Name  
WYNN OIL COMPANY

Principal Place of Business

1050 W 5TH ST  
AZUSA CA 91702

Mailing Address

500 N. ST ATE COLLEGE  
700  
ORANGE CA 92868  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1996

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 DC  
NAME CARROLL, JAMES  
STREET ADDRESS 104 HARTMANN DR  
CITY-ST-ZIP LEBANON TN 37087 ☐ DELETE

TITLE DP  
NAME FILOWITZ, MARK S DR  
STREET ADDRESS 1050 W 5TH ST  
CITY-ST-ZIP AZUSA CA 91702 ☒ DELETE

TITLE DVS  
NAME GIBBONS, GREGG M  
STREET ADDRESS 500 N STATE COLLEGE BLVD #700  
CITY-ST-ZIP ORANGE CA 92668 ☐ DELETE

TITLE V  
NAME SCHLOSSER, SEYMOUR  
STREET ADDRESS 500 N STATE COLLEGE BLVD #700  
CITY-ST-ZIP ORANGE CA 92668 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE DP  
2.2 NAME JOHN W. HUBER  
2.3 STREET ADDRESS 500 N STATE COLLEGE BLVD #700  
2.4 CITY-ST-ZIP ORANGE CA 92868 ☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ORANGE CA 92868 ☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ORANGE CA 92868 ☒ Change ☐ Addition

5.1 TITLE V  
5.2 NAME DONALD J. DICOSTANZO  
5.3 STREET ADDRESS 1050 W. 5TH ST.  
5.4 CITY-ST-ZIP AZUSA CA 91702 ☐ Change ☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99

Date

(714) 938-3700

Daytime Phone #

CR2E034 (11/98)