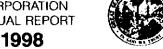
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**₽**ROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of States DIVISION OF CORPORATIONS

DOCUMENT # F9700005437 (5)

CES OIL OPERATIONS, INC.

Principal Place of Business Mailing Address 4791 W STALLION LN 4791 W STALLION LN INVERNESS FL 34452 INVERNESS FL 34452 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/16/1997 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 21 26 Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes Yes 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HAUFLER, MONICA **4791 E STALLION LN** Street Address (P.O. Box Number is Not Acceptable) **INVERNESS FL 34452** Zip Code City 85 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 registored 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** Stgnature, typed or profest name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition Change DELETE 1.1 TITLE TITLE HAUFLER, MONICA 1.2 NAME NAME 4791 E STALLION LANE 1.3 STREET ADDRESS STREET ADDRESS **INVERNESS FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change 21 TITLE TITLE 2.2 NAME **FUTCH, CHERI** NAME **4791 E STALLION LANE** 2.3 STREET ADDRESS STREET ADDRESS INVERNESS FL 2.4 CITY-ST-ZIP CITY-S1-ZIP DELETE Change Addition 31 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZiP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition ☐ Change 61 TITLE TITLE 6.2 NAME

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 of on an attachment with an address.

**6.3 STREET ADDRESS** 6.4 CiTY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Hay Has Manden How Her 3/2/98 (352) 637-1688

FILED

Apr 01 1998 8:00am

Secretary of State