

F99000001796

COOPER, COPPINS, AND MONROE  
Requestor's Name

Address

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

300002831569--6  
-04/07/99--01001--010  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- Walk in       Pick up time \_\_\_\_\_  
 Mail out       Will wait       Photocopy  
 Certified Copy       Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Call when Ready  
422-2420

Examiner's Initials *JS* 4/7/99

**TRANSMITTAL LETTER**

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Gasoline Associated Services, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application for Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

David B. Switalski, Esquire  
(Name of Person)

Cooper, Coppins & Monroe, P.A.  
(Firm/Company)

1319 Thomaswood Drive  
(Address)

Tallahassee, Florida 32312  
(City/State/Zip)

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Should you need to call someone concerning this matter, please call:

David Switalski at ( 850 ) 422-2420  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Tax Lien Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Gasoline Associated Services, Inc.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Alabama 3. 63-1175435

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. 07/16/96 5. Perpetual

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual")

6. No business transacted in Florida as of the date of filing.

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1603 Godfrey Avenue South

Ft. Payne, Alabama 35967

(Current mailing address)

8. Any and All Lawful Business and Purposes

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T Corporation

Office Address: 1200 S. Pine Island Road

Plantation, Florida, 33324

(Zip Code)

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10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Barbara A Burke

(Registered agent's signature)

**BABARA A. BURKE**  
**SPECIAL ASSISTANT SECRETARY**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)  
A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: John Robert Williamson  
Address: 4310 Garmon Road  
Atlanta, Georgia 30327

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

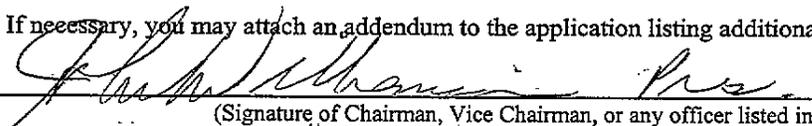
President: Shannon Stringer  
Address: 1604 Monte Vista Drive  
Ft. Payne, Alabama 35967

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: & treasurer Jon Porter  
Address: 6005 Golf Road  
Ft. Payne, Alabama 35967

Treasurer: Assistant Secretary: Kim Smith  
Address: 1212 Scenic Drive  
Ft. Payne, Alabama 35967

Note: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. John R. Williamson, President  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

# STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that the domestic corporation records on file in this office disclose that Gasoline Associated Services, Inc. incorporated in DeKalb County, Fort Payne, Alabama on July 16, 1996. I further certify that the records do not disclose that said Gasoline Associated Services, Inc. has been dissolved.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

January 25, 1999

Date

A handwritten signature in cursive script that reads "Jim Bennett".

Jim Bennett

Secretary of State