

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G10895** (2)
1. Corporation Name
SOLO SERVICE STATIONS, INC.



Principal Place of Business: **P.O. BOX 440 MELBOURNE FL 32902**
Mailing Address: **P.O. BOX 440 MELBOURNE FL 32902**

3. Date incorporated or Qualified: **11/19/1982**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 P.O. Box 2404**
2a. Mailing Address: **26 P.O. Box 2404**

4. FEI Number: **59-2233478**
Applied For: Not Applicable

22 Suite, Apt #, etc.: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23 City & State: **MELBOURNE, FL**
28 City & State: **MELBOURNE, FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24 Zip: **32902** 25 Country: **USA**
29 Zip: **32902** 30 Country: **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**DELLINGER, LEROY K.
2105 ATLANTIC ST. #621
MELBOURNE BEACH FL 32951**

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 filer applicable) (If filer Registered Agent signature required, use filer signature) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLINGER, LEROY K.	1.2 NAME	DELLINGER, LEROY K.
STREET ADDRESS	2105 ATLANTIC ST. #621	1.3 STREET ADDRESS	2105 ATLANTIC ST. #621
CITY - ST - ZIP	MELBOURNE BEACH FL 32951	1.4 CITY - ST - ZIP	MELBOURNE BEACH, FL 32951
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	DELLINGER, DONNA
STREET ADDRESS		2.3 STREET ADDRESS	2105 ATLANTIC ST #621
CITY - ST - ZIP		2.4 CITY - ST - ZIP	MELBOURNE BEACH, FL 32951
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: LeRoy K. Dellinger **LeRoy K. Dellinger** 5/24/96 407 724 0641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (FILER'S PRINTED #)

CR2E034 (12/95)