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Jan 22 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 # G46185

(6)

1. Corporation Name: STARLING'S FUEL SERVICE, INC.



Principal Place of Business:

Mailing Address:

% KENNETH O. STARLING
2754 ROSSELLE STREET
JACKSONVILLE FL 32205

% KENNETH O. STARLING
2754 ROSSELLE STREET
JACKSONVILLE FL 32205-5676

3. Date Incorporated or Qualified: 06/24/1983
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business:

2a. Mailing Address:

21. Leroy VanBoskerck

26. Leroy VanBoskerck

4. FEI Number: 59-2299035
Applied For: Not Applicable

22. 2754 Rosselle St.

27. 2754 Rosselle St.

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

23. Jacksonville, Fl.

28. Jacksonville, Fl.

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

24. 32205
25. Country

29. 32205
30. Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STARLING, KENNETH O.
2754 ROSSELLE STREET
JACKSONVILLE FL 32205

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: LEROY VAN BOSKERCK

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VAN BOSKERCK, LEROY	
STREET ADDRESS	2754 ROSSELLE ST	
CITY-ST-ZIP	JAX, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VAN BOSKERCK, BARBARA	
STREET ADDRESS	2754 ROSSELLE ST	
CITY-ST-ZIP	JAX, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: Leroy Van Boskerck

11/13 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)