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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G46185

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

Principal Place of Business

KENNETH O. STARLING 2754 ROSSELLE ST JACKSONVILLE FL 32205 US

Mailing Address

LEROY VANBOSKERCK 2754 ROSSELE ST JACKSONVILLE FL 32205 US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current 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

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 filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD [ ] DELETE

NAME VAN BOSKERCK, LEROY

STREET ADDRESS 2754 ROSSELLE ST

CITY-ST-ZIP JAX, FL 00000

TITLE VD [ ] DELETE

NAME VAN BOSKERCK, BARBARA

STREET ADDRESS 2754 ROSSELLE ST

CITY-ST-ZIP JAX, FL 00000

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [ ] Change [ ] Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE [ ] Change [ ] Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE [ ] Change [ ] Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE [ ] Change [ ] Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE [ ] Change [ ] Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE [ ] Change [ ] Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1983

4. FEI Number

59-2299035

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

10. Name and Address of New Registered Agent

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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] VP VP

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