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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's signature is required when filing)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE [] DELETE
12 NAME VAN BOSKERCK, LEROY
13 STREET ADDRESS 2754 ROSSELLE ST
14 CITY-STATE-ZIP JAX, FL 00000

21 TITLE [] DELETE
22 NAME VAN BOSKERCK, BARBARA
23 STREET ADDRESS 2754 ROSSELLE ST
24 CITY-STATE-ZIP JAX., FL 00000

31 TITLE [] DELETE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE [] DELETE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE [] DELETE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE [] DELETE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [] Change [] Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
21 TITLE [] Change [] Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
31 TITLE [] Change [] Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
41 TITLE [] Change [] Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
51 TITLE [] Change [] Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
61 TITLE [] Change [] Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

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Handwritten signature and date: 2/23/99

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: [Handwritten Signature] VP VP

7/20/99 9043886396

FILED 99 FEB 23 PM 2:27 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