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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:45

DOCUMENT # **G65235** **(5)**

1. Corporation Name
FLORIDA CITY DIESEL SERVICE, INC.

Principal Place of Business	Mailing Address
715 W. MOWRY STREET HOMESTEAD FL 33030	715 W. MOWRY STREET HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/17/1983	3a. Date of Last Report: 02/21/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)
4. FEI Number: 59-2342892	☐ 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 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
PIXLEY, DUANE 39101 S.W. 209 AVE FLORIDA CITY FL 33034	91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 93 94 City: FL 95 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 X [signature] DUANE PIXLEY PRESIDENT 4-6-95
(Future, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DPS	XX Change ☐ Addition
NAME	PIXLEY, DUANE LEE	12 NAME	PIXLEY, DUANE LEE	
STREET ADDRESS	39101 SW 209 AVE	13 STREET ADDRESS	39101 SW 209 Ave.	
CITY-ST-ZIP	FLORIDA CITY FL	14 CITY-ST-ZIP	FLORIDA CITY, FL. 33034	
TITLE	VPT	21 TITLE		☐ Change ☐ Addition
NAME	PIXLEY, PATTY	22 NAME		
STREET ADDRESS	39101 SW 209 AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	FLORIDA CITY FL	24 CITY-ST-ZIP		
TITLE	VP	31 TITLE	DELETE	XX Change ☐ Addition
NAME	PIXLEY, PATRICK	32 NAME	PIXLEY, PATRICK	
STREET ADDRESS	13624 SW 287 LANE	33 STREET ADDRESS	13624 SW 287 LANE	
CITY-ST-ZIP	HOMESTEAD FL	34 CITY-ST-ZIP	HOMESTEAD, FL.	
TITLE	VP	41 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, JASON	42 NAME		
STREET ADDRESS	15610 HAYES LANE	43 STREET ADDRESS		
CITY-ST-ZIP	LEISURE CITY FL	44 CITY-ST-ZIP		
TITLE	VP	51 TITLE	DELETE	XX Change ☐ Addition
NAME	SANDS, DAVID	52 NAME	SANDS, DAVID	
STREET ADDRESS	15610 SW 289 TERRACE	53 STREET ADDRESS	15610 SW 289 TERRACE	
CITY-ST-ZIP	LEISURE CITY FL	54 CITY-ST-ZIP	LEISURE CITY, FL.	
TITLE		61 TITLE	VP	☐ Change XX Addition
NAME		62 NAME	PIXLEY, JUDY	
STREET ADDRESS		63 STREET ADDRESS	221 SE 6 AVE., APT. 1-105	
CITY-ST-ZIP		64 CITY-ST-ZIP	HOMESTEAD, FL. 33030	

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)(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: Patty Pixley PATTY PIXLEY 4/5/95 305-248-5531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP