

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 # **G65235** (5)

1. Corporation Name
FLORIDA CITY DIESEL SERVICE, INC.



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

3. Date Incorporated or Qualified: **10/17/1983**
3a. Date of Last Report: **04/13/1995**
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

21. Principal Place of Business: Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address: Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent

**PIXLEY, DUANE
39101 S.W. 209 AVE
FLORIDA CITY FL 33034**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: *Duane Pixley* **DUANE PIXLEY PRESIDENT 3-7-96**
Signature of type or printed name of registered agent and date of signature (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	PIXLEY, DUANE LEE	
STREET ADDRESS	39101 SW 209 AVE	
CITY- ST- ZIP	FLORIDA CITY FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	PIXLEY, PATTY	
STREET ADDRESS	39101 SW 209 AVE.	
CITY- ST- ZIP	FLORIDA CITY FL	
TITLE	VP P	<input checked="" type="checkbox"/> DELETE
NAME	PIXLEY, JUDY	
STREET ADDRESS	221 SE 6 AVE., APT. 1-105	
CITY- ST- ZIP	HOMESTEAD FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROBINSON, JASON	
STREET ADDRESS	15810 HAYES LANE	
CITY- ST- ZIP	LEISURE CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	PIXLEY, SANDRA	
13 STREET ADDRESS	1776 S.W. 4th St.	
14 CITY- ST- ZIP	HOMESTEAD, FL. 33030	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY- ST- ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *Patty Pixley* **PATTY PIXLEY** 3/7/96 305 248 5534
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)