

NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 27 1998 8:00a
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

INSTRUMENT # **G81173** (8)
Name
OIL, INC.



Place of Business Mailing Address
AVE **927 S. CLARA AVE**
1 **P.O. BOX 245**
DELAND FL 32721

DO NOT WRITE IN THIS SPACE.

Place of Business 2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Country Zip Country

3. Date Incorporated or Qualified

01/20/1984

4. FLE Number

59-2361103

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

STEPHEN B.
S. CLARA AVE
DELAND FL 32720

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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
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
am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

Signature, typed or printed name of registered agent and tele if applicable

(NOTE: Registered Agent's signature required when re-appointing)

DATE

OFFICERS AND DIRECTORS

☐ DELETE
PD
DELUCA, STEPHEN B.
2283 RIVER RIDGE DRIVE
DELAND FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition
PD
DELUCA, STEPHEN B.
2178 GLENWOOD HAMMOCK RD
DELAND, FLORIDA

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

I 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
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
director of the corporation or a receiver, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in
or Block 13 if changed, or on an attachment with an address

SURE:

4/21/98

(904) 734-6654

CR2E034 (10/97)