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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(6)

DOCUMENT # H05924

PIONEER FUEL OIL, INC.

Principal Place of Business

5301 N. WESTSHORE BLVD.

Mailing Address 5301 N. WESTSHORE BLVD.

FILED Feb 12 1997 8:00am Secretary of State

	OLON DIGHT ON	

TAMPA FL 33614-6466		IAMPA FL 33014-0400							
						3. Date Incorporated or Qualified 06/01/1984		te of Last 1 7/1996	Report
2. Principal Pi	ace of Business	2a. Mailing Address			W.L.10.11.11.11.11.11.11.11.11.11.11.11.11.	4. FEI Number			Applied For
21	Mar. 4 4. 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7	26				59-2492634			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional
22		27							Required
City & State	o å	City & State				6. Election Campaign Financing			May Be
23		28		untry		Trust Fund Contribution	<u> </u>		to Fees
<i>Z</i> ıp 1	Country	Zip		ar itt y		8. This corporation has liability for i		tax under] No	8. 199.032,
24	25 9. Name and Address of Curr	29 29 Agent	30	Т		Florida Statutes 10. Name and Address of New Re			
COAL		ent negratorea Agent		81	Name	10, Tablic and Addition of Trees for	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9011	
	NKLAND, FRANK M.				7141,10				
	S. DUNDEE			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
IAMI	PA FL 33629			63					
				0.3					
				84	City		P** 1	85 Zip	Code
							<u>FL</u>	<u> </u>	
office or n	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such change wa	is authorize	ed by	the corporal	poration submits this statement for the p tion's board of directors. I hereby accep	urpose or It the appo	changing intment a	its registered is registered
SIGNATURE									
	Signature, typical or pointed name of registered a			d Ager	nt signature requi	red when reinstating)	DATE	BiBEOTA	SSO 151 40
12.		ND DIRECTORS	13.		· · · · · · ·	ADDITIONS/CHANGES TO OFFIC	ERS AND		
TOTLE	PTD	☐ DELETE	1,1 T	ITLE		•		[] Change	Addition
NAME	FRANKLAND, FRANK M., III		1.2 N			i i			
STREET ADDRESS	2406 S. DUNDEE		1,9 S	TREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL			TY-51	r-zip	· · · · · · · · · · · · · · · · · · ·			
TITLE	SD	☐ DELETE	2.1 T	ITLE				Change	Addition
NAME	FRANKLAND, SCOTT		2.2 N	IAME					
STREET ADDRESS	2406 S. DUNDEE		2.3 S	TREET	address				
CITY-ST-ZIP	TAMPA FL		2.40	CITY-S	T-ZIP				
TITLE		DELETE	3.1 T	TLE				L Change	Addition
NAME			3.2 N	IAME					
STREET ADORESS			3.3 S	TREET	ADDRESS				
CITY+ST-2IP		,,,,,,	3.4. (CITY-S	t-21P				
TITLE		☐ DELETE	4.1 T	ITLE				Change	Addition
NAME			4.21	NAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP			4.4 0	HTY-SI	r-ZiP				····
TOTLE		DELETE	5.1 T	ITLE	1			☐ Change	Addition
NAME			5.2 N	IAME					
STREET ADDRESS			5.3 \$	TREET	ADDRESS				
CHTY-51-20F			5.4 C	ITY-SI	r-ZIP				
TITLE		DELETE	6.1 T	ITLE		· ————————————————————————————————————		Change	Addition
NAME			6.2 N	IAME	-				
STREET ADDRESS			6.3 S	TREET	ADDRESS				
CITY-ST-7iP			6.4 C	ITY-S	r- ZIP				

14. I do hereby 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 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