

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JAN 18 AM 8:19

**DOCUMENT # H19383 (9)**  
1. Corporation Name  
**PETROLEUM INSTALLATION, INC.**

Principal Place of Business Mailing Address  
**% FRED C. HOUGH** **% FRED C. HOUGH**  
**100 SOUTH JACKSON AVENUE** **100 SOUTH JACKSON AVENUE**  
**JACKSONVILLE FL 32220** **JACKSONVILLE FL 32220**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/27/1984</b>	3a. Date of Last Report <b>01/13/1994</b>
21		26		4. FEI Number <b>59-2485302</b>	Applied For Not Applicable
22 Suits, Apt. #, etc.		27 Suits, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under S. 199(3), Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LEPRELL, SAMUEL L ROGERS, TOWERS, ET AL 1301 GULF LIFE DR SUITE 1500 JACKSONVILLE FL 32207</b>				01	Name		
				02	Street Address (P.O. Box Number is Not Acceptable)		
				03			
				04	City	FL	05

11. Pursuant to the provisions of Sections 607.0504 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS BY 12	
TITLE	DPS	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUGH, FRED C.	12 NAME	
STREET ADDRESS	100 SOUTH JACKSON AVE.	13 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	14 CITY- ST- ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY- ST- ZIP		24 CITY- ST- ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY- ST- ZIP		34 CITY- ST- ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Law No. 199(2) but, 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 responsible for this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

01/10/95 904786-2495  
Date Initials