Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90032 028 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

 Corporation 	MENT # J25504 SHEL STOP, INC.			
Principal Place	of Business	Mailing Address		[SECTION COLOR
% JAMES LULF	S	% JAMES LULFS		
8640 LANTANA ROAD 8640		8640 LANTANA ROAD		DO NOT WRITE IN THIS SPACE
LAKE WORTH F	L 33467	LAKE WORTH FL 33467		3. Date Incorporated or Qualified
				07/24/1986
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For
·	ace of business	26		59-2712633 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	··	\$8.75 Additional
22	.,	27		5. Certificate of Status Desired Fee Required
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 30	<u> </u>	Personal Property Tax.
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
une	S, JAMES		1 1	L. Cloyd, Michelle
8640 LANTANA ROAD			82 Street	Address (P.O. Box Number is Not Abceptable)
LAKE WORTH FL 33467			83	X640 Lantana Kood
			84 City	Lakelyorth FL 85 Zip Code 7
11 Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes.	the above-named	corporation authorite this statement for the numose of changing its registered
_ office er -	egistered agent, or both, in the State of m familiar with, and accept the obligat	at Florida. Such chande Was autr	norized av the coft	oration's board of directors. I hereby accept the appointment as registered
Į.	m tarrillar with, and accept the obligat	Clauck	Michelle	Cloud Savetoner 1-8-98
SIGNATURE	Signature, typed or printed name of registered agen	I and title if applicable (NOTE: Re	egistered Agent signature	required when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	LUHS, Brian ,
NAME	LULFS, JAMES		1.2 NAME	8640 antana Rd
STREET ADDRESS	8640 LANTANA ROAD		1.3 STREET ADDRESS	Lakeworth, FL33467
CITY-ST-ZIP	LAKE WORTH FL	Mpr: crr	1.4 CITY-ST-ZIP	
TITLE	D	DELETE	2.1 TITLE	Cloyd, michene
NAME	LULFS, MARGARET		2.2 NAME	8640 Cantana Rd
STREET ADDRESS	8640 LANTANA ROAD		2.3 STREET ADORESS	Lakeworth, FLZzyb7
CITY-ST-ZIP	LAKE WORTH FL	☐ DELETE	2.4 CITY+ST-ZIP 3.1 TITLE	☐ Change ☐ Addition
TITLE		- Descrip	3.2 NAME	
NAME			3.3 STREET ADDRESS	
STREET ADDRESS			3.4. CITY-ST-ZIP	
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	Change Addition
NAME			4, 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	8
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE	_	☐ DELETE	6.1 TITLE	Change Addition
I	1		62 NAME	i e

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP