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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

J33119 DOCUMENT #

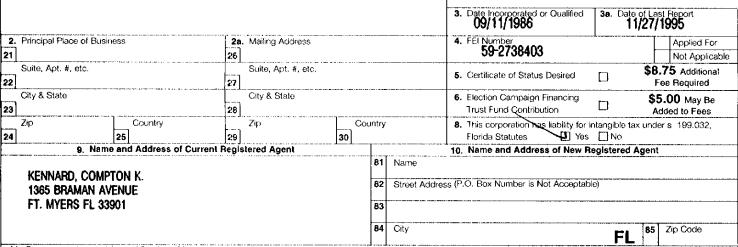
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<b>FLORIDA</b>	PETROL	EUM PROP	Perties, II	١C.
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Principal Place of Business 1365 BRAMAN AVENUE FT. MYERS FL 33901

Mailing Address

1365 BRAMAN AVENUE FT. MYER\$ FL 33901



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.

12.			IL: Registèred Agent signaturu required when reinstatingi DIATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE	1.1 TITLE	ADDITIONS/OFFANGES TO C	Change	Addition
NAME	KENNARD, COMPTON K.	_	1.2 NAME			
STREET ADDRESS	1365 BRAMAN AVENUE		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT, MYERS, FL		1.4 C/TY - ST - Z/P			
TITLE	STD	☐ DELETE	2 1 TITLE.		☐ Change	Addition
NAME	KENNARD, VIRGINIA W. 1365 BRAMAN AVENUE		2 2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL		2 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3 1 TITLE		Change	Addition
NAME			3 2 NAME			
STREET ADDRESS		•	3.3. STREET ADDRESS			
CITY-ST-ZIP			3 4 CrTY+ST+ZiP			
TITLE		□ DELETE	4 1 TITLE		Change	Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 C/TY - ST - Z/P			
TITLE		DELETE	5 1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5 4 CiTY-ST-ZIP			
TITLE		DELETE	6 1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 C(TY-ST-Z(P			

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 certify 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:** 

SIGNATURE AND TYPED OR PRINTED NAME

CR2E034 (12/95)