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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

## OCUMENT # J40215

ATTICER FUEL OIL, INC.

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Mar 24, 1999 8:00 am Secretary of State 03-24-1999 90031 001 \*\*\*150.00



	1							
-ii nlace	c of Business	Mailin	g Address					
N 22ND S		P.O. B	OX 10343					
FL 3360	05		OX 10343 N FL 33679				DO NOT WRITE IN THIS SPACE	
**************************************		US	TL 330/3				3. Date Incorporated or Qualified	<b>:-</b> -
							10/29/1986	
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	1	
	<u> </u>	26					59-2728882 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					S. Certificate of Status Desired      Sta	
City & State	e'	City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country 25	Zip Country 30			untry		8. This corporation owes the current year Intangible Personal Property Tax.	
	9. Name and Address of Current	Registere	ed Agent				10. Name and Address of New Registered Agent	
240	LED CARVIE				81	Name		
	KER, GARY K.				82	Street Addre	iss (P.O. Box Number is Not Acceptable)	
	HUNTINGTON BLVD. ETY HARBOR FL 34695							
SALI	FIT HANDON PL 34093				83			
					84	City	FL 85 Zip Code	
Pursuant t	to the provisions of Sections 607 0502	end:607-4	1508 Florida Statutes	the a	) Dove≼r	amed corro	ration submits this statement for the purpose of changing its registered	=_
office or n	egistered agent, or both, in the State o	f Florida. S	Such change was auth	orized	d by th	e corporation	n's board of directors. I hereby accept the appointment as registered	
	in familiar with, and accept the obligation	-	$\omega$	اهای ه مرکزی	ules.	Da. be	2/14/99	
NATURE	GARY K. ParKe Signature, typed or printed name of registered agent	and title if appl	licable (NOE. Re	gistered	Agent si	gnature required	when reinstating) DATE	<u></u>
· · ·	OFFICERS AND	DIRECTO	ORS	13,			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	86
j	P		☐ DELETE	1.1 70	TLE	j	☐ Change ☐ Addition ☐	Ξ
: ]	PARKER, GARY K.			1.2 NAME		ļ		8
ET ADDRESS	2401 HUNTINGTON BLVD			1.3 STREET ADDRESS		DDRESS		띮
ST-ZIP	SAFETY HARBOR FL			1.4 CITY-S		10 dr		CR2E034 (11/98)
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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 seceiver 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 advattachment with an address, with all other like empowered.

GNATURE: