Jun 08, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J67641

 Corporation 	1 Name										
CONSOL	IDATED DIESEL PRODUCT	'S, IN	C.								
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Principal Place	e of Business		lailing Address								
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5910 E, HILLSBOROUGH AVE. 5910 E. HILLSBOROUGH AV TAMPA FL 33610 TAMPA FL 33610				AYE.	'Ε,		DO NOT WRITE IN THIS SPACE				
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Suite, Apt.	#, etc.	ТЩ	Suite, Apt. #, etc.				5. Certifcate	of Status Desired	To the same of the	\$8.75 / Fee Re	
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Zip	Country		z.ip	30	ini y		•	Property Tax.	urrent year int	Yes	□No
24	9. Name and Address of Curren	29 t Regis	stered Agent	30		1		d Address of Nev	v Registered		
	5. Haine and Address of Guiter	rt rtogi.	otorou Agont		81 Name						
STO	HLER, RICHARD				22 21 1	• • • •	75 G B N		ntoble\		_
5910 E. HILLSBOROUGH AVE.				82 Street Add			(P.O. Box N	umber is Not Acce	ptable)		
TAMI	PA FL 33610				83			_			
										or Zin /	Code
	•				84 City				FL	85 Zip (200e
11. Pursuant t	to the provisions of Sections 607.050	2 and 6	607.1508, Florida Statu	ites, the a	oove-named	corporat	on submits t	his statement for t	ne purpose of	changing its	registered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with and accept the beinga	of Flori	ida. Such change was a L-Section 607.0505. Fla	authorized orida Stat	by the corp ites.	oration's	board of dire	ectors. I hereby act	cept the appoi	intment as re	gistered
\		12					</td <td>?-95</td> <td></td> <td></td> <td></td>	?-95			
							J 73) <i>/</i> /			Į.
SIGNATURE	Signature, typed or printed name of registered age	nt and title	e if applicable. (NOT	E Registered	Agent signature	required whe	n reinstating)		DATE		
12.	Signature, typed or printed name of registered age OFFICERS AN		ECTORS	13.			n reinstating) ADDITION	S/CHANGES TO			
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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

ED NAME OF SIGNING OFFICER OR DIRECTOR