


4-9-98 B 4342 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moriam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J83688 (8)
1. Corporation Name
WILLIE'S TEXACO, INC.

Principal Place of Business
801 ATLANTIC BLVD
ATLANTIC BEACH FL 32233

Mailing Address
801 ATLANTIC BLVD
ATLANTIC BEACH FL 32233



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/17/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2824317	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	City	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CRABTREE, RALPH R.
10 S. NEWMAN ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

11	Name
12	Street Address (P.O. Box Number is Not Acceptable)
13	City
14	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the re-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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ARNETT, WILLIE D.	
STREET ADDRESS	801 ATLANTIC BLVD	
CITY-ST-ZIP	NEPTUNE BEACH FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	
1.3	
1.4	

2.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	
2.3	
2.4	

3.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	
3.3	
3.4	

4.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	
4.3	
4.4	

5.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	
5.3	
5.4	

6.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	
6.3	
6.4	

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 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 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

Willie D. Arnett

2-26-98 249-5711

CR2E034 (10/97)