

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 4/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 17 AM 9:46

DOCUMENT # J91026

(1)

1. Corporation Name

OIL DISTRIBUTORS, INC.

Principal Place of Business

7516 MALTA LANE
P.O. BOX 11395
TAMPA FL 33680-8395

Mailing Address

7516 MALTA LANE
P.O. BOX 11395
TAMPA FL 33680-8395

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/04/1987

3a. Date of Last Report

03/08/1994

2. Principal Place of Business

2a. Mailing Address

21 7516 Malta Ln TAMPA

26 7516 Malta Ln TAMPA

4. FBI Number

59-2849842

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

22 City & State

23 TAMPA FL

27 City & State

28 TAMPA FL

24 Zip

25 Hillborough

29 Zip

30 Hillborough

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWNING, DAVID DWAYNE
7516 MALTA LANE
P.O. BOX 11395
TAMPA FL 33687

81 Name

Browning David Dwayne

82 Street Address (P.O. Box Number is Not Acceptable)

83

7516 Malta Lane

84 City

TAMPA

FL

85

Zip Code

33637

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPS
NAME BROWNING, DAVID DWAYNE
STREET ADDRESS 7516 MALTA LANE
CITY - ST - ZIP TAMPA FL

TITLE T
NAME BROWNING, DAVID DWAYNE
STREET ADDRESS 7516 MALTA LANE
CITY - ST - ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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 007, 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 OF SIGNING OFFICER OR DIRECTOR

7/1/95

813-989-0076