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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 03 1997 8:00am Secretary of State

1997

DOCUMENT # J91026

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OIL DISTRIBUTORS, INC.

Principal Place of Business 7516 MALTA LANE P.O. BOX 11395 TAMPA FL 33637		Mailing Address 7516 MALTA LANE P.O. BOX 11395 TMAP FL 33637-6725								
US	•	US				3. Date incorporated or Qualific 09/04/1987		ate of Las 22/199		
2. Principal F	lace of Business	2a. Mailing Address		·		4. FEI Number 59-2849842			Applied For Not Applicable	
Suite, Apt. #, elc 22		Suite, Apt. #, etc.				5. Certificate of Status Desired			\$8.75 Additional Fee Required	
City & Stat	C	City & State				Election Campaign Financin Trust Fund Contribution	9		DO May Be ed to Fees	
Ζιρ 24	Country 25	Z(p	30	intry		8. This corporation has liability Florida Statutes	for intangible	tax unde		
	9. Name and Address of Currer		1001			IO. Name and Address of New				
BRO	WNING, DAVID DWAYNE			81 Nan	ne					
7516	B MALTA LANE PA FL 33687		82 Street A		et Address	(P.O. Box Number is Not Acce	ptable)			
i PAM	FA FL 33007			83		W			· · · · · · · · · · · · · · · · · · ·	
				84 City			FL	85 2	ip Code	
11. Pursuant office or i	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	D2 and 607.1508, Florida Statu e of Florida. Such change was entions of Footies 607.0505.	utes, the at authorized Starida Stat	oove-nam d by the c	ed corpora: :orporation'	ition submits this statement for t is board of directors. I hereby a	he purpose o ccept the app	of changin pointment	g its re gistered as registered	
agent. La SIGNATURI	Signorice type diociplinted name of registimed ag-	ent and the It applicable (NC	D1E: Registere		iture required w	hen reinstating)	DATE			
agent. I a SIGNATURI 12.	Signorine type of or printed name of registored ago OFFICERS AN	ert and tite If applicable (NC ID DIRECTORS	DIE Registere	d Agent signs	iture required wi	then reinstating) ADDITIONS/CHANGES TO O				
agent. I a SIGNATURI 12. III.6	Signor de 1994 dier printed name of registered ag- OFFICE RS AN	ent and the It applicable (NC	01E Registered 13,	d Agent signa	iture required w	<u> </u>		D DIRECT		
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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