

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J91873** (6)

1. Corporation Name

OIL TRANSIT AUTHORITY, INC.



Principal Place of Business

**% JAMES SKEENS
14731 64TH WAY NORTH
PALM BEACH GARDENS FL 33418**

Mailing Address

**% JAMES SKEENS
14731 64TH WAY NORTH
PALM BEACH GARDENS FL 33418**

3. Date Incorporated or Qualified
09/08/1987

3a. Date of Last Report
08/29/1995

4. FEI Number

65-0021590

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SKEENS, JAMES
14731 64TH WAY NORTH
PALM BEACH GARDENS FL 33418**

81. Name

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

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 (if different from above)

Signature, typed or printed name of registered agent (if different from above)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
SKEENS, JAMES
14731 64TH WAY NORTH
PALM BCH., GDNS., FL**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

2. 2. NAME ☐ Change ☐ Addition

3. 3. STREET ADDRESS ☐ Change ☐ Addition

4. 4. CITY - ST - ZIP ☐ Change ☐ Addition

5. 5. TITLE ☐ Change ☐ Addition

6. 6. NAME ☐ Change ☐ Addition

7. 7. STREET ADDRESS ☐ Change ☐ Addition

8. 8. CITY - ST - ZIP ☐ Change ☐ Addition

9. 9. TITLE ☐ Change ☐ Addition

10. 10. NAME ☐ Change ☐ Addition

11. 11. STREET ADDRESS ☐ Change ☐ Addition

12. 12. CITY - ST - ZIP ☐ Change ☐ Addition

13. 13. TITLE ☐ Change ☐ Addition

14. 14. NAME ☐ Change ☐ Addition

15. 15. STREET ADDRESS ☐ Change ☐ Addition

16. 16. CITY - ST - ZIP ☐ Change ☐ Addition

17. 17. TITLE ☐ Change ☐ Addition

18. 18. NAME ☐ Change ☐ Addition

19. 19. STREET ADDRESS ☐ Change ☐ Addition

20. 20. CITY - ST - ZIP ☐ Change ☐ Addition

21. 21. TITLE ☐ Change ☐ Addition

22. 22. NAME ☐ Change ☐ Addition

23. 23. STREET ADDRESS ☐ Change ☐ Addition

24. 24. CITY - ST - ZIP ☐ Change ☐ Addition

25. 25. TITLE ☐ Change ☐ Addition

26. 26. NAME ☐ Change ☐ Addition

27. 27. STREET ADDRESS ☐ Change ☐ Addition

28. 28. CITY - ST - ZIP ☐ Change ☐ Addition

29. 29. TITLE ☐ Change ☐ Addition

30. 30. NAME ☐ Change ☐ Addition

31. 31. STREET ADDRESS ☐ Change ☐ Addition

32. 32. CITY - ST - ZIP ☐ Change ☐ Addition

33. 33. TITLE ☐ Change ☐ Addition

34. 34. NAME ☐ Change ☐ Addition

35. 35. STREET ADDRESS ☐ Change ☐ Addition

36. 36. CITY - ST - ZIP ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature State #

CR2E034 (12/95)