

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # K15790

(4)

1. Corporation Name

ZENITH PETROLEUM CO., INC.



Principal Place of Business

**5600 STATE RD 70 E
OKEECHOBEE FL 34972**

Mailing Address

**5600 STATE RD 70 E
OKEECHOBEE FL 34972**

2. Principal Place of Business

21 State Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 State Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/16/1988

3a. Date of Last Report

02/24/1995

4. FCI Number

65-0082306

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

9. Name and Address of Current Registered Agent

**BABUL, AKTHER H.
5600 HWY. 70 EAST
OKEECHOBEE FL 34972**

10. Name and Address of New Registered Agent

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 607.07(4) and 607.15(5), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to 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 607.06(6), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE	P	☐ DELETE
2. NAME	BABUL, AKTHER H.	
3. STREET ADDRESS	5600 SR 70 E	
4. CITY, ST, ZIP	OKEECHOBEE FL	
5. TITLE		☐ DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		☐ DELETE
9. NAME		
10. STREET ADDRESS		
11. CITY, ST, ZIP		☐ DELETE
12. NAME		
13. STREET ADDRESS		
14. CITY, ST, ZIP		☐ DELETE
15. NAME		
16. STREET ADDRESS		
17. CITY, ST, ZIP		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		☐ DELETE

13.

1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		☐ Change ☐ Addition
5. TITLE		
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		☐ Change ☐ Addition
9. TITLE		
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		☐ Change ☐ Addition
13. TITLE		
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		☐ Change ☐ Addition
17. TITLE		
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is true and correct and does not entitle me for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 attached add'l. address.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-96

CR2E034 (12/95)