Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90027 010 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K19641 1. Corporation Name								
KEIIH'S	OIL CAN, INC.	;						
Principal Place	of Business	Mailing Address				- 1 38019111 001 (1810 1810 03115 0300) 111	91 BIB)1 BIGIT BIBIT BIBIT BI	#H #1811 (88)
2645 ST LUCIE VERO BCH FL	AVE	2645 ST LUCIE AVE VERO BCH FL 32960 US				DO NOT WRITE II	N THIS SPACE	
US		00				3. Date Incorporated or Qualifed		
		· •				03/28/1988		lied For
	ace of Business	2a. Mailing Address				4. FEI Number 65-0044950	<u> </u>	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8 75 A	
22	<i>#</i> , 0.00.	27				5. Certifcate of Status Desired	Fee Req	
City & State	e ,	City & State			÷.	6.> Election Campaign Financing	00-n	•
23		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	у		8. This corporation owes the current y	year Intangible ☐ Yes	X _{No}
24	9. Name and Address of Curren		10			Personal Property Tax. 10. Name and Address of New Regis		13010
_	9. Name and Address of Curren	t Registered Agent	81	Nam	e	To. Harte dia stations of them they		
O'HAIRE, MICHAEL			82	2 Street	A Addres	ess (P.O. Box Number is Not Acceptable)		
3111 CARDINAL DR			84	2 3000	at Modite	iss (F.O. Bux Number is Not Acceptable)	<u> </u>	
VERO BCH FL 32963			83	3				
			84	4 City		·	FI 85 Zip C	ode
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with, and accept the obligations.	of Florida. Such change was aut	nonzea by	y tne coi	d corporporatio	oration submits this statement for the pur n's board of directors. I hereby accept the	pose of changing its r e appointment as reg	registered iistered
SIGNATURE							DATE	
40	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	13.	ent signatur	e required	ADDITIONS/CHANGES TO OFFICE		RS IN 12
12.	DP OFFICERS AIN	DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	HEDIN, KEITH D.	1.2 N						
STREET ADDRESS			1.3 STREI	ET ADDRES	ss			
CITY-ST-ZIP			1.4 CITY-	ST-ZIP	\			
TITLE			2.1 TITLE			-	☐ Change	☐ Addition
NAME	HEDIN, KARL 22N		2.2 NAME	i .				
STREET ADDRESS	0000 0/11011112 0/11		2.3 STRE	ET ADDRES	s			
CITY-ST-ZIP			2. 4 CITY-				Change	☐ Addition
TITLE	-	☐ DELETE	3.1 TITLE		1		Outside	
NAME			3.2 NAME					
STREET ADDRESS				ET ADORES	×			•
CITY-ST-ZIP `		DELETE	3.4, CITY- 4.1 TITLE		+		☐ Change	Addition
NAME			4.2 NAM					
STREET ADORESS				= Et addres	ss			
CITY-ST-ZIP	· / . ·		4.4 CITY-	ST-ZIP	Í			
TITLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME -	ļ 🖔		5.2 NAME	•				
STREET ADDRESS			5.3 STRE	ET ADDRES	ss			
CITY-ST-ZIP			5.4 CITY-					
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition

CITY-ST-ZIP 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 to end 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 justee 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 arrangement with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:X

STREET ADDRESS