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

NAME

STREET ADDRESS

Block 12 or Block

SIGNATURE

CITY-ST-ZIP

FILED Aug 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name K44934 (3)PAT'S FLORIDA DIESEL SERVICE, INC. Principal Place of Business Mailing Address 150 STATE RD. 548 W. 150 STATE RD. 546 W. P.O. BOX 734 P.O. BOX 734 DO NOT WRITE IN THIS SPACE **LAKE HAMILTON FL 33851** LAKE HAMILTON FL 33851 3. Date Incorporated or Qualified <u>11/14/1988</u> 2. Principal Place of Business 2a. Mailing Address Applied For FEI Number 59-2918388 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State . Cily & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible ☐ No 24 25 29 30 Personal Property Tax due June 30 Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 PEARCE, PATTY 2512 CREST DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) HAINES CITY FL 33844 83 84 City 85 Zip Code 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and trin if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE PEARCE, WARREN 1.2 NAME NAME 2512 CREST DRIVE STREET ADDRESS 1.3 STREET ADDRESS HAINES CITY FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition PEARCE, PATTY NAME 22 NAME 2512 CREST DRIVE STREET ADDRESS 2.3 STREET ADDRESS HAINES CITY FL CATY-ST-ZIP 2 4 CITY - ST- ZIP DELETE Change Addition TITLE 3 1 11116 NAME PEARCE, KEVIN 3.2 NAME 54 DMORE STREET ADDRESS 315 W. CUMMINGS 31 3.3 STREET ADDRESS aven, Fl CITY - ST - ZIP 3.4. CITY - \$1 - ZIP Change Addition TITLE 4.1 TITLE MULLEN, KIMBERLY NAME 4.2 NAME 3214 FAIRMONT PL STREET ADDRESS 4.3 STREET ADDRESS HAINES CITY FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Kris Pearce Change TITLE 5.1 TITLE PEARCE 3180 Kukomu Road LK Hamilton, TC: NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 33851 Dinecutzo CITY - ST - ZIP Change Addition TITLE 6 1 THEF

6.2 NAME

6.3 STREET ADDRESS

6,4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filling 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 is 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 941-439-7691

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