

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K53078

(7)

1. Corporation Name

MCNITT CHEVRON, INC.

Principal Place of Business

Mailing Address

**3580 CLARK ROAD
SARASOTA FL 34231**

**3580 CLARK ROAD
SARASOTA FL 34231**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/22/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0091843

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

**BELL, THOMAS W.
1558 FIRST STREET
SARASOTA FL 34230**

81

John M. McNitt
Street Address (P.O. Box Number is Not Acceptable)

83

84

SARASOTA

FL

34230

2

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Thomas W. Bell
Signature, typed or printed name of registered agent and title if applicable

John M. McNitt
Signature, typed or printed name of registered agent and title if applicable

4-17-95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MCNITT, BUDDY G.
STREET ADDRESS	5755 FORRESTER OAK CT
CITY - ST - ZIP	SARASOTA FL
TITLE	SD
NAME	MCNITT, CAROL A.
STREET ADDRESS	5755 FORRESTER OAK CT
CITY - ST - ZIP	SARASOTA FL
TITLE	VPT
NAME	MCNITT, JOHN M.
STREET ADDRESS	160 ST. LUCIE AVENUE
CITY - ST - ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

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*******200.00 *****200.00**

4/8
5/12/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the 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 member 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 attachment, if any, to this address.

SIGNATURE:

John M. McNitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-95
DATE

366-1979
Filing Number