FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K60286** **(7)**

1. Corporation Name
ST. JOHNS OIL COMPANY

Principal Place of Business	Mailing Address
42 SLEEPY HOLLOW RD PO BOX 8 DOCTORS INLET FL 32030	42 SLEEPY HOLLOW RD PO BOX 8 DOCTORS INLET FL 32030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/24/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24):
Country (25):
Zip (29):
Country (30):

4. FEI Number: **NOT APPLICABLE** ☐ 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

RIZK, ROGER
4595 LEXINGTON AVE
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name: M. Richard Lewis Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 225 Water St.
83: Suite 1805
84 City: Jacksonville FL 85 Zip Code: 32201

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: M. Richard Lewis 4-28-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	D.P. ☑ Change ☐ Addition
NAME	ASHBY, GEORGE H., SR.	12 NAME	Ashby, George H. SR.
STREET ADDRESS	P.O. BOX 8, N/A	13 STREET ADDRESS	P.O. Box 8
CITY - ST - ZIP	DOCTORS INLET FL	14 CITY - ST - ZIP	Doctors Inlet FL 32030
TITLE	VPST	21 TITLE	VPST ☐ Change ☐ Addition
NAME	PETER EYRICK	22 NAME	Peter Eyrick
STREET ADDRESS	P.O. BOX 8, N/A	23 STREET ADDRESS	P.O. Box 8
CITY - ST - ZIP	DOCTORS INLET FL	24 CITY - ST - ZIP	Doctors Inlet FL 32030
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

REMITTED BY MAY 1

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 119.07(3)(i), 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 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 attachment with an address.

SIGNATURE: Peter T. Eyrick 4-28-95 904 272 9548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400733 FP