

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90212 026 \*\*\*300.00

**DOCUMENT # K60286**

1. Corporation Name

**ST. JOHNS OIL COMPANY**

Principal Place of Business

42 SLEEPY HOLLOW RD  
PO BOX 8  
DOCTORS INLET FL 32030

Mailing Address

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**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**LEWIS, RICHARDO M**  
**225 WATER ST**  
**STE 1800**  
**JACKSONVILLE FL 32201**

10. Name and Address of New Registered Agent

81 Name

**Smith Hulsey & Busey**

82 Street Address (P.O. Box Number is Not Acceptable)

**225 Water Street, Suite 1800**

83

84 City

**Jacksonville**

**FL**

85 Zip Code

**32202**

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 By: *M. Richard Lewis*

Signature, typed or printed name of registered agent and duly applicable (1997- Registered Agent signature required when reinstating)

DATE

*March 17, 1997*

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE  
NAME **ASHBY, GEORGE H**  
STREET ADDRESS **P.O. BOX 8, N/A**  
CITY-ST-ZIP **DOCTORS INLET FL**

TITLE **VPST** ☐ DELETE  
NAME **PETER, EYRICK**  
STREET ADDRESS **P.O. BOX 8, N/A**  
CITY-ST-ZIP **DOCTORS INLET FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (1/98)