

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # K60286**1. Entity Name
ST. JOHNS OIL COMPANY

Principal Place of Business

42 SLEEPY HOLLOW RD

MIDDLEBURG

32068

FL

Mailing Address

PO BOX 8

DOCTORS INLET

32030

FL

2. Principal Place of Business

3. Mailing Address

42 SLEEPY HOLLOW RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

MIDDLEBURG

FL

Zip

Country

Zip

Country

32068

US

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH HUSLEY & BUSEY

225 WATER ST

STE 1800

JACKSONVILLE

32202

US

FL

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

04/27/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution.☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete
NAME ALFRED ALICIA
STREET ADDRESS 42 SLEEPY HOLLOW RD
CITY-ST-ZIP MIDDLEBURG FL 32068TITLE S ☒ Change ☐ Addition
NAME ALFRED ALICIA
STREET ADDRESS 42 SLEEPY HOLLOW RD
CITY-ST-ZIP MIDDLEBURG FL 32068TITLE V ☐ Delete
NAME COOGAN CLARK
STREET ADDRESS 42 SLEEPY HOLLOW RD
CITY-ST-ZIP MIDDLEBURG FL 32068TITLE V/T ☒ Change ☐ Addition
NAME HAMRICK RICHARD G
STREET ADDRESS 42 SLEEPY HOLLOW RD
CITY-ST-ZIP MIDDLEBURG FL 32068TITLE V ☐ Delete
NAME LAMONT CHARLES A
STREET ADDRESS 42 SLEEPY HOLLOW RD
CITY-ST-ZIP MIDDLEBURG FL 32068TITLE V ☒ Change ☐ Addition
NAME LAMONT CHARLES A
STREET ADDRESS 42 SLEEPY HOLLOW RD
CITY-ST-ZIP MIDDLEBURG FL 32068TITLE CP ☐ Delete
NAME ASHBY GEORGE HJR
STREET ADDRESS 42 SLEEPY HOLLOW RD
CITY-ST-ZIP MIDDLEBURG FL 32068TITLE C/P ☒ Change ☐ Addition
NAME ASHBY GEORGE HJR
STREET ADDRESS 42 SLEEPY HOLLOW RD
CITY-ST-ZIP MIDDLEBURG FL 32068TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICIA ALFRED

S

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)