


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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L22172 (5)					
1. Corporation Name PC2 OIL CENTERS, INC.					
Principal Place of Business 1611 CORTEZ ROAD W BRADENTON FL 34207			Mailing Address 1611 CORTEZ ROAD W BRADENTON FL 34207		
2. Principal Place of Business 21 3639 Cortez Rd W Suite, Apt. #, etc. 22 224 City & State 23 Bradenton, FL Zip 24 34210		2a. Mailing Address 26 3639 Cortez Rd W Suite, Apt. #, etc. 27 224 City & State 28 Bradenton, FL Zip 29 34210		3. Date Incorporated or Qualified 10/06/1989 3a. Date of Last Report 04/15/1996	
2. Principal Place of Business 21 3639 Cortez Rd W Suite, Apt. #, etc. 22 224 City & State 23 Bradenton, FL Zip 24 34210		2a. Mailing Address 26 3639 Cortez Rd W Suite, Apt. #, etc. 27 224 City & State 28 Bradenton, FL Zip 29 34210		4. FEI Number 65-0146497 Applied For Not Applicable	
2. Principal Place of Business 21 3639 Cortez Rd W Suite, Apt. #, etc. 22 224 City & State 23 Bradenton, FL Zip 24 34210		2a. Mailing Address 26 3639 Cortez Rd W Suite, Apt. #, etc. 27 224 City & State 28 Bradenton, FL Zip 29 34210		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GAUSE, W. PEYTON, JR. 1800 SECOND STREET 720 FIRST FLORIDA BANK PLAZA SARASOTA FL 34236			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP					
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP					
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP					
14. I do 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.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)

4-24-97 9917529800
Date Daytime Phone #