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

Feb 17 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name (9)L30033 GASOLINE EQUIPMENT SYSTEMS, INC. Principal Place of Business Mailing Address 312 POINSETT DR 312 POINSETT DR **COCOA FL 32922** COCOA FL 32922 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/14/1989 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-2982265 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc \$8,75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Ζıρ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SARLES, JAMES E., JR. 312 ROUNDTREE DR. 82 Street Address (P.O. Box Number is Not Acceptable) **COCOA FL 32926 B3** 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1 1 TITLE Change 1.2 NAME MAME SAPILES, JAMES E., JR. 312 ROUNDTREE DR. STREET ADDRESS 1.3 STREET ADDRESS COCOA FL CITY-ST-ZIP 1.4 CiTY-ST-ZIP ☐ DELETE TITLE 2.1 TITLE Change Addition NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TOTAL 3.1 THILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I horeby 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 suppliemental annual report is five 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 corpowered 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 a coddress.

SIGNATURE:

FILED

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