


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

FILED

Feb 12 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 # L49452 (0) 1. Corporation Name ALL SEASONS - DUVAL OIL CO., INC.			
Principal Place of Business 6824 NORWOOD AVE JACKSONVILLE FL 32208		Mailing Address 6824 NORWOOD AVE JACKSONVILLE FL 32208-4471	
2. Principal Place of Business 21 6824 NORWOOD AVENUE Suite, Apt. #, etc. 22 City & State 23 JACKSONVILLE, FL Zip Country 24 32208-4471 25 U S A		2a. Mailing Address 26 6824 NORWOOD AVENUE Suite, Apt. #, etc. 27 City & State 28 JACKSONVILLE, FL Zip Country 29 32208-4471 30 U S A	
3. Date Incorporated or Qualified 02/12/1990		3a. Date of Last Report 01/26/1996	
4. FEI Number 59-2989268		Applied For <input type="checkbox"/> Not Applicable	
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 type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent BRANT, MOORE, SAPP, MACDONALD & WELL, P.A. 121 W. FORSYTH ST. SUITE 980 JACKSONVILLE FL FL 32202		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			
TITLE	DP	<input type="checkbox"/> DELETE	
NAME	THOMSON, BARHAM F., JR.		
STREET ADDRESS	P.O. BOX 247		
CITY-ST-ZIP	LANDRUM SC		
TITLE	DV	<input type="checkbox"/> DELETE	
NAME	CALDWELL, GEORGE S.		
STREET ADDRESS	3801 CROWN POINT RD APT 1222		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	WALLING, NORMA C.		
STREET ADDRESS	7329 BRUCE ST		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	THOMSON, BARHAM F. JR		
1.3 STREET ADDRESS	P O BOX 247		N/A
1.4 CITY-ST-ZIP	LANDRUM, S C 29356-0247		
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	CALDWELL, GEORGE S		
2.3 STREET ADDRESS	3801 CROWN POINT RD APT 1222		
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257-7539		
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	WALLING, NORMA C.		
3.3 STREET ADDRESS	7329 BRUCE STREET		
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32208-4003		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

SIGNATURE: *George S. Caldwell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-97

Date

904/764-4511

Daytime Phone #

CR2E034 (9/96)