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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L66051

(8)

SEMINOLE OIL COMPANY, INC.

Principal Place of Business

C/O BETTY FINCH 4851 HWY 20

Mailing Address

C/O BETTY FINCH 4651 HWY 20

FILED Jan 20 1998 8:00am Secretary of State



1-10-90

850-801-2558

NICEVILLE FL 32578 NICEVILLE FL 32578 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/01/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 4524 Woodlands Dr 59-3002062 1524 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 0/50/005 m Baloosa ☐ Yes 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FINCH, BETTY J 81 Name 4524 WOODLANDS DR 82 Street Address (P.O. Box Number is Not Acceptable) 4624 WOODEN NICEVILLE FL 32578 83 84 City 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) Signature, typed or printed name of registered agent and fille if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DVS Change Addition DELETE TITLE 1.1 TITLE FINCH, BETTY JEAN NAME 1.2 NAME 4524 WOODLANDS DRIVE STREET ADDRESS 1.3 STREET ADDRESS NICEVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE FINCH, BETTY JEAN NAME 2.2 NAME 4524 WOODLANDS DRIVE STREET ADDRESS 2.3 STREET ADDRESS **NICEVILLE FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE FINCH, LESUE R. NAME 3.2 NAME 4524 WOODLANDS DRIVE STREET ADDRESS 3.3 STREET ADDRESS NICEVILLE FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change TITLE 4.1 TITLE ☐ Addition FINCH, STEVEN ROSS NAME 4. 2 NAME 1445 PINE ST STREET ADDRESS 4.3 STREET ADDRESS NICEVILLE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-24P 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.