

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90052 039 \*\*\*150.00

PROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # L91001**

1. Corporation Name  
**FIVE STAR OIL COMPANY, INC.**

Principal Place of Business  
**1200 W CRAWFORD ST  
 QUINCY FL 32351**

Mailing Address  
**1200 W CRAWFORD ST  
 QUINCY FL 32351**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/30/1990**

4. FEI Number **59-3280920**  
**NOT APPLICABLE**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution ☐

**\$5.00** May Be  
 Added to Fees

8. This corporation owes the current year intangible  
 Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **1201 W. JEFFERSON ST.**  
 Suite, Apt. #, etc.

2a. Mailing Address

26 **1201 W. JEFFERSON ST.**  
 Suite, Apt. #, etc.

City & State

23 **Quincy, FLA.**  
 Zip County

City & State

28 **Quincy, FLA.**  
 Zip Country

24 **32351**

25

29 **32351**

30

9. Name and Address of Current Registered Agent

**GODWIN, FRED D.  
 1200 W CRAWFORD ST  
 QUINCY FL 32351**

10. Name and Address of New Registered Agent

81 Name **Godwin, FRED D.**

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

83 **1201 W. JEFFERSON ST.**

84 City **Quincy**

**FL**

85 Zip Code **32351**

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: **Fred D. Godwin**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/26/99**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
 NAME **GODWIN, JAMES A.**  
 STREET ADDRESS **1200 W CRAWFORD ST**  
 CITY-ST-ZIP **QUINCY FL**

TITLE **D** ☐ DELETE  
 NAME **GODWIN, FRED D.**  
 STREET ADDRESS **1200 W CRAWFORD ST**  
 CITY-ST-ZIP **QUINCY FL**

TITLE **D** ☐ DELETE  
 NAME **GODWIN, ADDIE E.**  
 STREET ADDRESS **1200 W CRAWFORD ST**  
 CITY-ST-ZIP **QUINCY FL**

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☐ Change ☐ Addition  
 1.2 NAME **Godwin, James A.**  
 1.3 STREET ADDRESS **1201 W. JEFFERSON ST.**  
 1.4 CITY-ST-ZIP **Quincy FLA- 32351**

2.1 TITLE **V.P.** ☐ Change ☐ Addition  
 2.2 NAME **Godwin, FRED D.**  
 2.3 STREET ADDRESS **1201 W. JEFFERSON ST.**  
 2.4 CITY-ST-ZIP **Quincy, FLA- 32351**

3.1 TITLE **Godwin, ADDIE E.** ☐ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS **1201 W. JEFFERSON ST.**  
 3.4 CITY-ST-ZIP **Quincy, FLA- 32351**

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE: **FRED D. Godwin** **4/26/99** **875-2721**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)