

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED  
1995 JAN 26 AM 10:44 FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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-01/30/95--D1056--020  
\*\*\*208.75 \*\*\*208.75

DOCUMENT # **M02007** (6)

1. Corporation Name  
**TOMMY SERVICE STATION CORP.**

Principal Place of Business  
**401 EAST HALEAH DRIVE  
HALEAH FL 33010**

Mailing Address  
**401 EAST HALEAH DRIVE  
HALEAH FL 33010**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**06/21/1984**

3a. Date of Last Report  
**01/25/1994**

2. Principal Place of Business  
21  Suite, Apt. #, etc.

2a. Mailing Address  
26  Suite, Apt. #, etc.

4. FEI Number  
**59-2418483**

Applied For  
 Not Applicable

22 City & State  
27 City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip Country  
24  25  29  30

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**JUAN, THOMAS  
10795 S.W. 31ST STREET  
MIAMI FL 33175**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>PTD</b>
NAME	<b>JUAN, TOMAS</b>
STREET ADDRESS	<b>10795 SW 31ST</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>SD</b>
NAME	<b>JUAN, JAVIER A.</b>
STREET ADDRESS	<b>2235 SW 123RD COURT</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Javier Juan* **JAVIER JUAN** 1-6-95 305-884-6004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR