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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90255 023 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **M64191**
 1. Corporation Name
ST. CLOUD TEXACO, INC.



Principal Place of Business: C/O GEORGE W. HAWKINS, 3551 13TH ST, ST. CLOUD FL 34769
 Mailing Address: C/O GEORGE W. HAWKINS, 3551 13TH ST, ST. CLOUD FL 34769

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified: **01/11/1988**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number (59-2864654) 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)

9. Name and Address of Current Registered Agent
HAWKINS, GEORGE W.
3551 13TH ST
ST. CLOUD FL 34769

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	PD	<input type="checkbox"/> DELETE
NAME	HAWKINS, GEORGE W.	
STREET ADDRESS	3505 13TH ST. SO.	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HAWKINS, GEORGE W.	
STREET ADDRESS	3505 13TH ST. SO.	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HAWKINS, WILLIAM J	
STREET ADDRESS	4701 MEADOW DR	
CITY-ST-ZIP	ST CLOUD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARN, LAURIE H	
STREET ADDRESS	1549 LESTER DR	
CITY-ST-ZIP	KISSIMMEE FL	
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		<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 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: George W. Hawkins **GEORGE W. HAWKINS** 39-99 (407) 892-3228
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)