

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90015 020 ***150.00

DOCUMENT # M64191

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2864654

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, GEORGE W.
3551 13TH ST
ST. CLOUD FL 34769

7. Name and Address of New Registered Agent

Name

WILLIAM J. HAWKINS

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

3551 13TH ST

ST. CLOUD, FL 34769

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HAWKINS, GEORGE W.
STREET ADDRESS 3505 13TH ST. SO.
CITY-ST-ZIP ST. CLOUD FL

TITLE ST ☐ Delete
NAME HAWKINS, GEORGE W.
STREET ADDRESS 3505 13TH ST. SO.
CITY-ST-ZIP ST. CLOUD FL

TITLE VP ☐ Delete
NAME HAWKINS, WILLIAM J
STREET ADDRESS 4701 MEADOW DR
CITY-ST-ZIP ST CLOUD FL

TITLE D ☐ Delete
NAME HARN, LAURIE H
STREET ADDRESS 1549 LESTER DR
CITY-ST-ZIP KISSIMEE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME WILLIAM J. HAWKINS
STREET ADDRESS 3551 13TH ST.
CITY-ST-ZIP ST. CLOUD, FL 34769

TITLE VP ☒ Change ☐ Addition
NAME GEORGE W. HAWKINS
STREET ADDRESS 3551 13TH ST.
CITY-ST-ZIP ST. CLOUD, FL 34769

TITLE ST ☒ Change ☐ Addition
NAME WILLIAM J. HAWKINS
STREET ADDRESS 3551 13TH ST.
CITY-ST-ZIP CLOUD, FL 34769

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William J. Hawkins William J. Hawkins 1-28-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #