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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

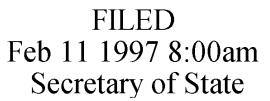
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # M79153

(6)



ATLAS FUEL OIL HEATING AND AIRCONDITIONING COMPANY, INC. Principal Place of Business Mailing Address 3698 54TH AVENUE NORTH ST. PETERSBURG FL 33714 ST. PETERSBURG FL 33714-2347									
						3. Date Incorporated or Qualified 05/03/1988		te of Last R 15/1996	eport
2. Principal F	lace of Business	2a. Mailing Address 1	 ;			4. FEI Number	1 0-1		plied For
21		26				59-2895125	.,		ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
22 City & Stat	e	City & State			· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing		\$5.00	<u></u>
23		28	'			Trust Fund Contribution		Added t	
Zip	Country	Zip		untry		8. This corporation has liability for			. 199.032,
24	25] 9. Name and Address of Currer	29)	30	Т	· · · · · · · · · · · · · · · · · · ·	Florida Statutes 10. Name and Address of New Re	Yes [······
ne:	ACQUESEAUX, MARY	it nogistered Agent		81	Name	10. Italia and Address of Italia	g.stores .	Tyonk	
	B 54TH AVE., NORTH		P	82	Street Addr	ress (P.O. Box Number is Not Acceptal	hla)		
	PETERSBURG FL 33714		\$		Street Addi	ess (1.0. Box Northber 18 Not Accepta			
		. A.	,	83		·			
				84	City		P44 3	85 Zip (Code
11 Durey ont	to the provisions of Sections 607 050	22 and 607 1509 Florida State	uton thoir		nomad core	possion submits this statement for the	FL	(obangina it	to societored
office or	registered agent, or both, in the State	of Florida. Such change was	authorize	id by	the corporat	poration submits this statement for the lion's board of directors. I hereby acce	pt the app	ointment as	registered
	an raninar with, and accept the bolig	ations of, Section 607.0505, F	·londa Sta	nuies	••				
SIGNATURE.	Signature, typed or printed name of registered ag-	ent and tire if applicable INC	11E: Registere	ed Age	nt signature requir	red when reinstating)	DATE		
12.	FIX	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	PD Delacqueseaux, Frank	DELETE '	111					Change	Addition
NAME STREET ADDRESS	3698 54TH AVE. NORTH			IAME	ADDRESS				
City-ST-ZIP	ST. PETERSBURG FL			ITY-\$1					
THE THE	VPD	DELETE	2.1 1		1-24		····	Change	Addition
NAME	DELACQUESEAUX, GARY		•	IAME				_ •	•
STREET ADDRESS	3698 54TH AVE. NORTH		2.3 \$	TREET	ADDRESS]				
CITY-ST-ZIP	ST. PETERSBURG FL		2.41	CITY-S	ST-ZIP				
TITLE	VPD	DELETE	31T					Change	Addition
NAME	DELACQUESEAUX, MARY		3.2 N	IAME					
STREET ADDRESS	3898 54TH AVENUE N		I		ADDRESS	•			
CITY-ST-ZIP	ST. PETERSBURG FL	DELETE		CITY-S	ST-ZIP		···········	Change	Addition
TITLE		□ Dereit		name	1			mi cuants	- Modificit
NAME STREET AUDRESS					ADDRESS				•
CITY - ST - ZIP			•	SINECI SITY-\$'					
TITLE		DELETE	5.1 T		1 41	<u> </u>		Change	Addition
NAME	[IAME				-	•
STREET ADDRESS		49			ADDRESS				
CITY-ST-ZIP		~1 *		CITY-S	1				
TITLE		☐ DELETE	6.1 T	ITLE				Change	Addition
NAME			6.2 N	3MAN	1				
STREET ADDRESS			638	STREET	ADDRESS				
CITY - ST - ZIP				IIY-S					·
			DE F. SI.			d in Section 119 07/3Vi). Florida Statute			

. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Buffher 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.

MADY DRI ACOURGEDATIVE.

SIGNATURE

SIGNATURE AND TY OF OR PRINTED NAME OF SIGNING OFFIER OR DIRECTOR

2-5-97 813 527-2156 Date Dayline Phone *