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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

PENINSULAR OIL CORPORATION

(3)

Principal Place of Business

102 HORN DRIVE

Mailing Address

P.O. BOX 34050

Apr 16 1998 8:00am Secretary of State

**FILED** 



ULLIAN AL 36549 US		PENSACOLA FL 32507 US		DO NOT WRITE IN THIS SPACE	
00	•	00		3. Date Incorporated or Qualified	OF NOL
				08/01/1988	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 10937 Linpkin Cucli		26 10937 Linpkin Cuch Suite, Apt. #, etc.		59-2954515	Not Applicable
Suite, Apt. #, etc.		<del>                                     </del>		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State 23 Fstc10, Florida		28 Estero, Florida		6. Election Campaign Financing	<b>\$5.00</b> May Be
23 1551010	Country	Zip 7.57670, 776	Country	Trust Fund Contribution	Added to Fees
24 33928	7 25 USA	ter declare t	10 USA	8. This corporation owes or has paid the cur Personal Property Tax due June 30.	rrent year Intangible  Yes V No
413-30-	9. Name and Address of Current		1	10. Name and Address of New Registered	
CHEESEMAN, JOHN M 81 Name					
7865 LE GRANDE DRIVE				dress (P.O. Box Number is Not Acceptable)	
PENSÁCOLA FL 32514				308 EVEN	
83					
		ı	84 City S	2.	85 Zip Code
				ensacula FL	32507
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 .				4	
12.	Signature, typed or printed name of registered agen OFFICERS AND		Registered Agent signature re	equired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	<b>DPT</b>	DELETE	1.1 TITLE	DPT	Change Addition
NAME	CHEESEMAN, MIKE				
STREET ADDRESS	102 HORN DRIVE		1.3 STREET ADDRESS	Cheese man, Mike 10939 LIAPKIN CITCLE	
CITY-ST-ZIP	ULLIAN AL 36549		1.4 CITY-ST-ZIP	Estero, FL 33928	
TITLE	V	☐ DELETE	2.1 TITLE	• /	Change Addition
NAME	CHEESEMAN, JOHN M.		2.2 NAME 2	Cheesenan, John M	
STREET ADDRESS	7865 LE GRANDE DRIVE		2.0 0,2	308 Greve	ļ
CITY-ST-ZIP	PENSACOLA FL 32514		2.4 CITY-ST-ZIP	Pensacola, Fl 32507	
TITLE	S OUTCOTHAN CANDI	☐ DELETE	■ 3.1 DHE	<b>3</b>	Change Addition
NAME	CHEESEMAN, SANDI 102 HORN DRIVE		3.2 NAME	Cheese man, Sandi 10937 Linpuid Cicli Estero, FL 33988	
STREET ADDRESS	LILLIAN AL 36549		3.3 STREET ADDRESS	10931 Clapula Cillia	
CATY-ST-ZIP	DELIAN AL 30349	DELETE	3.4. CITY-ST-ZIP	ESTEID, FL 33928	Change Addition
TITLE NAME			4.1 TITLE 4.2 NAME		Change Audition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		<del></del>	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-\$T-ZIP			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 eath; that I am an					
officer or director of the corporation or the receiver or trustee among the same 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.					