

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90010 010 ***150.00

DOCUMENT # M92801

1. Corporation Name
PENINSULAR OIL CORPORATION

Principal Place of Business

10937 LIMPIN CIR
ESTERO FL 33928
US

Mailing Address

10937 LIMPIN CIR
ESTERO FL 33928
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1988

4. FEI Number

59-2954515

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

2. Principal Place of Business

21 2167 Barbados Ave.

Suite, Apt. #, etc.

22

City & State

23 Ft. Myers, Florida

Zip

24 33905

Country

25 Lec

2a. Mailing Address

26 2167 Barbados Av.

Suite, Apt. #, etc.

27

City & State

28 Ft. Myers, Florida

Zip

29 33905

Country

30 Lec

9. Name and Address of Current Registered Agent

CHEESEMAN, JOHN M
308 GREVE
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

81 Name

82 CHEESEMAN, MIKE

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

83 2167 Barbados Ave

84

City

85 Ft. Myers

FL

Zip Code

33905

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

Mike Cheeseman, Pres (Mike Cheeseman, Pres)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE

NAME CHEESEMAN, MIKE

STREET ADDRESS 10937 LIMPIN CIR

CITY-ST-ZIP ESTERO FL 33928

TITLE V ☒ DELETE

NAME CHEESEMAN, JOHN M.

STREET ADDRESS 308 GREVE

CITY-ST-ZIP PENSACOLA FL 32507

TITLE S ☒ DELETE

NAME CHEESEMAN, SANDI

STREET ADDRESS 10937 LIMPIN CIR

CITY-ST-ZIP ESTERO FL 33928

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPT ☒ Change ☐ Addition

1.2 NAME CHEESEMAN, MIKE

1.3 STREET ADDRESS 2167 Barbados Ave

1.4 CITY-ST-ZIP Ft. Myers, FL 33905

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Mike Cheeseman, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99 (941) 693-8810

Date

Daytime Phone #

CR2E034 (11/98)

0441314