

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N44990 (2)**  
1. Corporation Name  
**AMOCO DEALERS AND JOBBERS FOR THE KIDS, INC.**



Principal Place of Business  
**2165 DIANE CT  
CLEARWATER FL 34623**

Mailing Address  
**2165 DIANE CT  
CLEARWATER FL 34623**

3. Date Incorporated or Qualified  
**09/03/1991**

3a. Date of Last Report  
**03/06/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-3084157</b>		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
City & State		City & State					
23		28					
Zip		Country					
24		25					
City		Country					
26		29					
Zip		Country					
27		30					
City		Country					

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

**VAN PEER, RICHARD N.  
2165 DIANE CT  
CLEARWATER FL 34623**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Richard N. Van Peer*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-15-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAN PEER, RICHARD N.</b>	1.2 NAME	
STREET ADDRESS	<b>2165 DIANE CT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIBBE, EDWARD B.</b>	2.2 NAME	
STREET ADDRESS	<b>4607 FARMHOUSE DR N</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAY, RICHARD B.</b>	3.2 NAME	
STREET ADDRESS	<b>12460 CAPRI CIR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TREASURE ISLAND FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KARPUCH, HANAN</b>	4.2 NAME	
STREET ADDRESS	<b>15714 COUNTRY LANE DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard N. Van Peer* **RICHARD N. VAN PEER** *President* **4/15/96** **813-443-7526**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)