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Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000002857 (1)

1. Corporation Name

PETROLEUM INDUSTRY ASSOCIATION OF FLORIDA, INC.



Principal Place of Business

Mailing Address

991 GREAT OAK DR.
GULF BREEZE FL 32561
US

991 GREAT OAK DR.
GULF BREEZE FL 32561-3113
US

3. Date Incorporated or Qualified
06/25/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

4. FEI Number
18-0224189

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTS, PAULA
991 GREAT OAK DRIVE
GULF BREEZE FL 32561

81 Name

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

83

84 City

FL 85 Zip Code

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 *Paula Roberts*
Signature, typed or printed name of registered agent and title if applicable

PAULA ROBERTS
(NOTE: Registered Agent signature required when reinstating)

1-13-97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME HUBBARD, MAURICE
STREET ADDRESS 12065 METRO PARKWAY
CITY - ST - ZIP FT LAUDERDALE FL 33329

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ST ☐ DELETE
NAME FRANKLIN, BEN T JR
STREET ADDRESS 480 SO. EDGEWOOD AVENUE
CITY - ST - ZIP JACKSONVILLE FL

2.1 TITLE *President* ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME ADAMS, ANDREW J
STREET ADDRESS 84449 43RD STREET N.
CITY - ST - ZIP PINELLAS PAR FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE S ☐ DELETE
NAME CHEEK, JOSEPH
STREET ADDRESS 4409 N. HESPERIDES ST.
CITY - ST - ZIP TAMPA FL 33614-7648

4.1 TITLE *Vice President* ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE P ☒ DELETE
NAME WARD, PETER H
STREET ADDRESS 1750 HILL AVENUE
CITY - ST - ZIP WEST PALM BEACH FL 33407

5.1 TITLE *Secretary/Treasurer* ☐ Change ☒ Addition
5.2 NAME *Pete Delderfield*
5.3 STREET ADDRESS *4837 Southern Blvd.*
5.4 CITY - ST - ZIP *West Palm Beach, FL 33415*

TITLE D ☐ DELETE
NAME WYNNE, JAMES A III
STREET ADDRESS 4001 SW 47TH AVENUE
CITY - ST - ZIP FT. LAUDERDALE FL 33314

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Pete Delderfield*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

361-683-5970
1/16/97 Daytime Phone # 0074200

CR2E037 (9/96)