

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 OCT 26 AM 10:47

SECRETARY OF STATE



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
US

3. Date Incorporated or Qualified

06/25/1993

4. FEI Number

18-0224189

Applied For

Not Applicable

2. Principal Place of Business

21 158 Russ Drive

Suite, Apt. #, etc.

22

23 City & State
Gulf Breeze

24 Zip
FL

25 Country
USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27

28 City & State

29 Zip

30 Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROBERTS, PAULA
991 GREAT OAK DRIVE
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name
Phillips, Paula

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

83

84 City
Gulf Breeze

FL

85 Zip Code
32561

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

(NOTE: Registered Agent signature required when reinstating)

9/25/98
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
HUBBARD, MAURICE

STREET ADDRESS
12065 METRO PARKWAY
CITY-ST-ZIP
FT LAUDERDALE FL 33329

TITLE
NAME
FRANKLIN, BEN T JR

STREET ADDRESS
480 SO. EDGEWOOD AVENUE
CITY-ST-ZIP
JACKSONVILLE FL

TITLE
NAME
ADAMS, ANDREW J

STREET ADDRESS
84449 43RD STREET N.
CITY-ST-ZIP
PINELLAS PAR FL

TITLE
NAME
CHEEK, JOSEPH

STREET ADDRESS
4409 N. HESPERIDES ST.
CITY-ST-ZIP
TAMPA FL

TITLE
NAME
DELDERFIELD, PETE

STREET ADDRESS
4827 SOUTHERN BLVD
CITY-ST-ZIP
WEST PALM BEACH FL

TITLE
NAME
WYNNE, JAMES A III

STREET ADDRESS
4001 SW 47TH AVENUE
CITY-ST-ZIP
FT. LAUDERDALE FL 33314

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
400002675004
-10/28/98-01088-023
*****61.25 *****61.25

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Director
Ben Franklin
480 S. Edgewood Avenue
Jacksonville, FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
President
Joseph Cheek
4409 N. Hesperides Street
Tampa, FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Vice President
Pete Delderfield
4827 Southern Blvd
West Palm Beach, FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
ST
Cliff Carter
P.O. Box 11238, NIP
Jacksonville FL 32239

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0013216

CR2E037 (5/98)