

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 08, 1999 8:00 am
Secretary of State

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1. Corporation Name

PETROLEUM INDUSTRY ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

158 RUSS DRIVE
GULF BREEZE FL 32561
US

Mailing Address

158 RUSS DRIVE
GULF BREEZE FL 32561
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/25/1993

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

9. Name and Address of Current Registered Agent

PHILLIPS, PAULA
158 RUSS DRIVE
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

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

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 ☐ DELETE

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

TITLE ☐ DELETE

NAME FRANKLIN, BEN
STREET ADDRESS 480 SO. EDGEWOOD AVENUE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME CHEEK, JOSEPH
STREET ADDRESS 4409 N. HESPERIDES ST.
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME DELDERFIELD, PETE
STREET ADDRESS 4827 SOUTHERN BLVD
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME CARTER, CLIFF
STREET ADDRESS P.O. BOX 11238, N/A
CITY-ST-ZIP JACKSONVILLE FL 32239

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Paula Phillips
1.3 STREET ADDRESS 158 Russ Drive
1.4 CITY-ST-ZIP Gulf Breeze, FL 32561

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 617, 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:

Paula Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)