ONE STOP GROCERY 850 835 2808

FILED
Jun 24, 2004 8:00 am
Secretary of State
05-06-2004 90172 030 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000069576

1. Entity Name
FREEMAN OIL COMPANY, INC.

66428948

Principal Place of Business	Mailing Address
16950 HWY. 331 SOUTH FREEPORT, FL 32432	16950 HWY. 331 SOUTH FREEPORT, FL 32432

05012004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
19665 Hwy 331 South	19665 Hwy 331 South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Freeport, FL	City & State: Freeport, FL
Zip: 32432 Country: USA	Zip: 32432 Country: USA

4. FEI Number: 20-0051984 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, GULCIN
16950 HWY. 331 SOUTH
FREEPORT, FL 32432

7. Name and Address of New Registered Agent

Name: Gulcin Freeman
Street Address (P.O. Box Number Is Not Acceptable): 19665 Hwy 331 South
City: Freeport FL Zip Code: 32432

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Michael S. W. Duffie for Gulcin Freeman 4/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FREEMAN, DARRELL E 16950 HWY. 331 SOUTH FREEPORT, FL 32432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD FREEMAN, GULCIN 16950 HWY. 331 SOUTH FREEPORT, FL 32432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael S. W. Duffie for Darrell Freeman 4/30/04 (850) 650-9357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #