

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC -1 PM 4:46

DOCUMENT # P03000083558

1. Entity Name  
MAYBERRY'S CHEVRON INC



Principal Place of Business  
2645 SW COLLEGE ROAD  
OCALA, FL 34474

Mailing Address  
3820 NORTHDAL BLVD  
205D  
TAMPA, FL 33624

RECEIVED



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10262004

REIN-P

CR2E098 (6/04)

4. FEE Number

33-1066394

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEHEW, JACK A  
3820 NORTHDAL BLVD  
205D  
TAMPA, FL, FL 33624

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MABRY, JOEL  
950 NE 63RD STREET  
OCALA, FL 34479

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

000042754670  
11/15/04--01068--021 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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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:

JOEL MABRY

11-11-04

352-732-7441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/2/04

Pg 272

## JACK A LEHEW & CO

3820 NORTHDAL BLVD  
SUITE 205D  
TAMPA, FLORIDA 33624-1855  
PHONE (813) 908-0009  
FAX (813) 908-0909  
leheja@msn.com

October 26, 2004

Division of Corporations  
Annual Report/Reinstatement Section  
P O Box 6327  
Tallahassee, Florida 32314-6327

Subject: Mayberry's Chevron Inc      P03000083558

The original annual report must have been lost in the mail, we sent you a change of address at about the same time the annual report would have been mailed. All we received was the enclosed form that advised us we had failed to file.

Please find our check for \$150.00 for the report and please try to abate the penalty.

Sincerely,



Jack A LeHew