

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 11 PM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P31593** (7)

BENNETT OIL CO.

Principal Office of Business
**1315 STATE ST.
WAYCROSS GA 31501**

Mailing Address
**1315 STATE ST.
WAYCROSS GA 31501**

DO NOT WRITE IN THIS SPACE

2. Principal Office of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/30/1990		3a. Date of Last Report 04/28/1994	
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 58-1200671		Applied For		Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees			
24. Locality	25. Locality	29. Locality		30. Locality		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			
CLARK, RICHARD K. 2701 N.E. 10TH ST. #502 OCALA FL 32670				81. Name Ms. Sonya B. Clark			
				82. Street Address (P.O. Box Number is Not Acceptable) 1178 Beachwalker,			
				83. Beachwalker Road			
				84. City Amelia Island FL 85 Zip Code 32035			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 office furnisher with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Sonya B. Clark*

4/30/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PD BENNETT, HAROLD C. 2543 LAWTON RD MERSHON GA	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. NAME	
CITY, ST., ZIP		3. STREET ADDRESS	
NAME	VD BENNETT, KEITH 2019 CONWAY DR. WAYCROSS GA	4. CITY, ST., ZIP	☐ Change ☐ Addition
STREET ADDRESS		5. NAME	
CITY, ST., ZIP		6. STREET ADDRESS	
NAME	STD BENNETT, MARY W. 2543 LAWTON RD MERSHON GA	7. CITY, ST., ZIP	☐ Change ☐ Addition
STREET ADDRESS		8. NAME	
CITY, ST., ZIP		9. STREET ADDRESS	
NAME		10. CITY, ST., ZIP	☐ Change ☐ Addition
STREET ADDRESS		11. NAME	
CITY, ST., ZIP		12. STREET ADDRESS	
NAME		13. CITY, ST., ZIP	☐ Change ☐ Addition
STREET ADDRESS		14. NAME	
CITY, ST., ZIP		15. STREET ADDRESS	
NAME		16. CITY, ST., ZIP	☐ Change ☐ Addition
STREET ADDRESS		17. NAME	
CITY, ST., ZIP		18. STREET ADDRESS	
NAME		19. CITY, ST., ZIP	☐ Change ☐ Addition
STREET ADDRESS		20. NAME	
CITY, ST., ZIP		21. STREET ADDRESS	
NAME		22. CITY, ST., ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 339.03(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the person or persons empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12, 13, 14, or 15 of this report, or on an office form with an address.

SIGNATURE: *Mary W. Bennett* (Mary W. Bennett)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER ON FILE WITH DIRECTOR

4/24/95 (912) 283-8608