

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P35105 (6)

1. Corporation Name  
CONSUMERS GASOLINE STATIONS, INC.

Principal Place of Business P.O. BOX 23309 NASHVILLE TN 37202	Mailing Address P.O. BOX 23309 NASHVILLE TN 37202
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/09/1991	
21		26		4. FEI Number 62-1100642	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
24	Zip	25	Country	29	Zip
				30	Country

9. Name and Address of Current Registered Agent CT CORP SYSTEM 1200 SO PINE ISLAND RD PLANTATION FL 33324				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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re/instating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	PERKINS, JAMES W., JR.		1.1 TITLE			
NAME				1.2 NAME			
STREET ADDRESS		116 JACKSON BLVD.		1.3 STREET ADDRESS			
CITY-ST-ZIP		NASHVILLE TN		1.4 CITY-ST-ZIP			
TITLE	VC	PERKINS, BETTY		2.1 TITLE			
NAME				2.2 NAME			
STREET ADDRESS		116 JACKSON BLVD.		2.3 STREET ADDRESS			
CITY-ST-ZIP		NASHVILLE TN		2.4 CITY-ST-ZIP			
TITLE	PD	PERKINS, JAMES W III		3.1 TITLE			
NAME				3.2 NAME			
STREET ADDRESS		HWY 96		3.3 STREET ADDRESS			
CITY-ST-ZIP		BURNS TN		3.4 CITY-ST-ZIP			
TITLE	VSD	MORRIS, L.C.		4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS		327 WESTCHESTER DRIVE		4.3 STREET ADDRESS			
CITY-ST-ZIP		MADISON TN		4.4 CITY-ST-ZIP			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Sandra B. Mortham* REQUIRED

1/6/98

Date

Daytime Phone #

0498398

CR2E034 (10/97)