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

CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000002272 (2)

FLAGSHIP OIL SERVICE, INC.

## **FILED** Apr 13 1998 8:00am Secretary of State



| Solite, Apt. 4, etc.    Solite, Apt. 4, etc.   25   Suite, Apt. 4, etc.   27   Suite, Apt. 4, etc.   28   Suite, Apt. 4, etc.   2    | Principal Place | e of Business    | Mailing Address        |                           |                                       | 1 18211831 110 10110 10811 82111 83111 80111 8 | 7110 13010 11011 10212 1101 10d1 |
|---|-----------------|------------------|------------------------|---------------------------|---------------------------------------|--|----------------------------------|
| 2. Priscipal Place of Business.  2. Moding Abstraces 2. Moding Abstraces 3. Date Incorporated or Qualified 11/06/1992 2. Priscipal Place of Business. 2. Moding Abstraces 3. Date Incorporated or Qualified 11/06/1992 2. Date April F, etc. 3. Date Incorporated or Qualified 11/06/1992 3. Date Incorporated or Qualified 11/06/1992 3. Date Incorporated or Qualified 3. Date Incorporated or Qualified 3. Not Age April F, etc. 3. Date April F, etc. 3. Date Incorporated or Qualified or Qualified 3. Date Incorporated or Qualified or Qualified 3. Date Incorporated or Qualified or Qualified 3. Date Incorporated or Qualified 3. Date Incorporated or Qualified or Qualified 3. Date Incorporated or Qualified or Qualified 3. Date Incorporated or Qualified or Qual    |                 |                  |                        |                           |                                       |  |                                  |
| 2. Principal Place of fusioness 2. Principal Place of fusiones    |                 |                  | ORLANDO FL 32830       |                           |                                       | DO NOT WOITE IN THIS SOURCE                    |                                  |
| Suito, Apt. 4, etc.   25   Suito, Apt. 4, etc.   25   Suito, Apt. 4, etc.   27   County   28   Suito, Apt. 4, etc.   27   County   28   County   29   County   29   County   29   20   County   29   20   County   29   20   County   29   20   County   20   20   County   20   20   County   20   20   County   20   20   20   County   20   20   20   County   20   20   20   County         |                 |                  |                        |                           |                                       |  | 3 STACE                          |
| 2. A Main'ny Address   2. A Main'ny Address   5. A SHET Number   Sh93147217   Short   Not depend   Sh162   Sh1    | 1               |                  |                        |                           |                                       | t = '  |                                  |
| Solid, Apt  | 2. Principal P  | lace of Business | 2a. Mailing Address    |                           |                                       |  | Applied For                      |
| Suite, Apt #, etc.   Suite, Apt #, etc.   Status Deared   \$8.75 Addit Fe Re Require   \$20   |                 |                  | } · · · - <sub>1</sub> |                           |                                       | ł.   | Not Applicable                   |
| 27   City & State   City & State   City & State   28   City & State   28   City & State   28   Country   29   Country   29   20   30   Trust Fund Contribution   Added to Fee   Added to Fee   28   Trust Fund Contribution   Added to Fee   Added to Fee   29   29   30   Trust Fund Contribution   Added to Fee   29   29   30   Trust Fund Contribution   Added to Fee   29   29   30   Trust Fund Contribution   Added to Fee   29   29   30   Trust Fund Contribution   Added to Fee   29   29   30   Trust Fund Contribution   Added to Fee   29   29   20   20   Trust Fund Contribution   Added to Fee   29   29   20   20   Trust Fund Contribution   Added to Fee   29   29   20   20   20   20   20   20   |                 | #, elc.          |                        |                           |                                       | P  | \$8.75 Additional                |
| City & State 23  Zep  | 22              |                  | 27                     |                           |                                       | 5. Certificate of Status Desired L.            | Fee Required                     |
| 28  |                 | e                |                        |                           | 6. Election Campaign Financing        | \$5.00 May Be                                  |                                  |
| 28  | 23              | _                | 28                     |                           |                                       | Trust Fund Contribution                        | Added to Fees                    |
| 9. Name and Address of Current Registered Agent  PANNONE, RAYMOND 9061 GREAT HERON CIRCLE ORLANDO FL 32836  82 Street Address (P.O. Box Number is Not Acceptable)  83 Ciry 11. Pursuant to the provisions of Sections 607 (P.O. Price 1974) State of Front State of F    |                 | Country          | Ζφ                     | Country                   | ,                                     | 8. This corporation owes or has paid the o     | urrent year Intangible           |
| PANNONE, RAYMOND 9051 GREAT HERON CIRCLE ORLANDO FL 32836  11. Pursuant to the provisions of Sections 607 05:02 and 607 15:08. Fixide Statutes, the above-named corporation submits this statement for the purpose of changing like rog office or registered agent, or kells, in the State of Florids. Such change was eather rared by the corporation's board of directors. I heroby accept the purpose of changing like rog office or registered agent, or kells, in the State of Florids. Such change was eather rared by the corporation's board of directors. I heroby accept the appointment as regis agent, and the register of agent a prince of the provision of th    | 24              |                  |                        | 30                        |                                       |  |                                  |
| PARTITION, EXTENDING SITE OF THE PROPERTY OF THE STATE OF    |                 |                  | rent Registered Agent  |                           | · · · · · · · · · · · · · · · · · · · | 10. Name and Address of New Registere          | d Agent                          |
| ORLANDO FL 32836  83  84 City FL 85 Zip Codo  11. Pursuant to the provisions of Sections 607 0507 2508 f lorida Statutes, the above-named corporation submits this statement for the purpose of changing its rog office or registered agent, or both, in the State of Florida Such clarge was authorized by the corporation's board of directors. I hereby accept the appoinment as registered agent and the state of Florida Such clarge was authorized by the corporation's board of directors. I hereby accept the appoinment as registered registered agent submits accept the objectors of Statutos.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICE IS AND DIRECTORS IN  INTE  DANNONE, RAYMOND  12. OFFICE IS AND DIRECTORS IN  INTE  DANNONE, RAYMOND  12. OFFICE IS AND DIRECTORS IN  I 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  I 22. ANME  DIRECTORS IN  I 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  I 22. ANME  DIRECTORS IN  I 14. GITY-ST-ZIP  ITIE  DELETE  13. STATEL ADDRESS  CITY-ST-ZIP  ITIE  DELETE  14. GITY-ST-ZIP  ITIE  DELETE  3. TITLE  Change  INITE  DELETE  STITLE  DELETE  STITLE  DELETE  STITLE  Change    |                 |                  |                        | 81                        | Name                                  |  |                                  |
| B3   B4   City   FL   B5   Zip Code   |                 |                  |                        | 82 Street Ac              |                                       | ddress (P.O. Box Number is Not Acceptable)     | <del></del>                      |
| ### City ### City ### City ### B& Zyp Code  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its rog office or registered agent, or both, in the State of Florida Statutes.  \$IGNATURE  \$IGNATURE  \$ISTANDAL PROVIDED AND CITY | OR              | Lando Fl. 32836  |                        |                           |                                       |  |                                  |
| 11. Pursuant to the provisions of Socions 607 05:02 and 607 15:08. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its rog agent. I am familiar with, and accept the obligations of, Section 607 05:05, Florida Statutes.  SIGNATURE  Signature hyerdra-protection red factor of the obligations of the obligation    |                 |                  |                        | 83                        |                                       |  |                                  |
| 11. Pursuant to the provisions of Socions 607 05:02 and 607 15:08. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its rog agent. I am familiar with, and accept the obligations of, Section 607 05:05, Florida Statutes.  SIGNATURE  Signature hyerdra-protection red factor of the obligations of the obligation    |                 |                  |                        | 84                        | City                                  |  | ■ 85 Zip Code                    |
| Agent I am familiar with, and accept the obligators of Section (CI7 DSDS, Florida Statutes.)  SIGNATURE    Daniel   Special       |                 |                  |                        |                           | ĺ                                     |  | L                                |
| TITLE   |                 | ·                | •                      |                           |                                       | quired when reinstating) DATE                  |                                  |
| MAME   PANNONE, RAYMOND   12 NAME   13 STREET ADDRESS   CITY-ST-ZP    DELETE   13 STREET ADDRESS   CITY-ST-ZP    DELETE   2 TITLE   Change   DELETE   DELETE   Change   DELETE   DELETE   Change   DELETE   DELE      | 12.             | OFFICERS A       | AND DIRECTORS          | 13.                       |                                       | ADDITIONS/CHANGES TO OFFICERS A                |                                  |
| STREET ADDRESS   ORLANDO FL   | TITLE           |                  | DELETE                 | 1.1 TITLE                 |                                       |  | Change Addition                  |
| TITLE   | NAME            |                  |                        | 1.2 NAME                  |                                       |  |                                  |
| TITLE   | STREET ADDRESS  |                  | LE                     | , 1.3 STR <del>E</del> E1 | ADDRESS                               |  |                                  |
| NAME  | CITY-ST-ZIP     | ORLANDO FL       |                        | 1.4 CITY - S              | 7 - ZIP                               |  |                                  |
| STREET ADDRESS   2   3   STREET ADDRESS   2   4   City - St - Zip   | TITL€           |                  | ☐ DELETE               | 2.1 TITLE                 |                                       |  | Change Addition                  |
| 2 4 CITY-ST-ZIP   | NAME            |                  |                        | 2.2 NAME                  |                                       |  |                                  |
| TITLE   | STREET ADDRESS  |                  |                        | 2.3 STREET                | ADDRESS                               |  |                                  |
| NAME  | CITY-ST-ZIP     |                  |                        | 2 4 CITY-                 | ST-ZIP                                |  |                                  |
| STREET ADDRESS   33 STREET ADDRESS   34 CITY-ST-ZIP   | TITLE           |                  | ☐ DELETE               | 3.11111.6                 |                                       |  | Change Addition                  |
| CITY-ST-ZIP   | NAME            |                  |                        | 3.2 NAME                  |                                       |  |                                  |
| TITLE         DELETE         4.1 TITLE         Change   | STREET ADDRESS  |                  |                        | 3.3 STREET                | ADORESS                               |  |                                  |
| NAME  | CITY-ST-ZIP     |                  |                        |                           | ST-ZIP                                |  |                                  |
| STREET ADDRESS   4.3 STREET ADDRESS   4.4 CITY-ST-ZIP   | TITLE           |                  | ☐ DELETE               |                           |                                       |  | Change Addition                  |
| CiTY-ST-ZIP   | NAME            |                  |                        |                           | 1                                     |  |                                  |
| TITLE         DELETE         5.1 TITLE         Change   | STREET ADDRESS  |                  |                        |                           | - 1                                   |  |                                  |
| NAME         52 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-S1-ZIP         54 CITY-S1-ZIP           TITLE         DELETE         61 TITLE           NAME         62 NAME  | <del></del>     |                  |                        |                           | T - ZIP                               |  |                                  |
| STREET ADDRESS   5.3 STREET ADDRESS   | TITLE           |                  | ☐ DELETE               |                           |                                       |  | Change Addition                  |
| CITY-S1-ZIP   | NAME            |                  |                        |                           |                                       |  |                                  |
| TITLE        OELETE         6 1 TITLE        Change            NAME         62 NAME   | STREET ADDRESS  |                  |                        |                           | - 1                                   |  |                                  |
| NAME 62 NAME  |                 |                  |                        |                           | T - ZIP                               |  | T 6000                           |
|   | TITLE           |                  | LJ DELETE              |                           |                                       |  | Change Addition                  |
| STREET ADDRESS 63 STHEFT ADDRESS  | NAME            |                  |                        | 6.2 NAME                  |                                       |  |                                  |
|   | STREET ADDRESS  |                  |                        | 63 STHEFT                 | ADDRESS                               |  |                                  |
| City-S1-ZIP 64 City-S1-ZIP 64 City-S1-ZIP 14. Thereby 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.   | CITY-ST-ZIP     |                  |                        |                           |                                       |  |                                  |

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, at on an attachment with an address.