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PROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9200005187 (9) PETROL ONE, INC.

Principal Place of Business	Mailing Address	
2045 2ND AVE. DELAND FL 32724	2045 2ND AVE. DELAND FL 32724-2742	

**FILED** May 09 1997 8:00am Secretary of State



Dutanta di Diana	15	14.75		· · · · · · · · · · · · · · · · · · ·				ii 1301 1401
Principal Place		Mailing Address			1 1001169: 110 1011 1011 1011 1011 1011	(11 00)(1 00101 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14 1941 1941
2045 2ND AVE. DELAND FL 32724		2045 2ND AVE. DELAND FL 32724-23	742					
					3. Date Incorporated or Qualified	3a. Dat	e of Last F	lepart
					11/17/1992	∴ 06/0	6/1996	
2. Principal Pla	ace of Business	2a. Mailing Address			4, FEI Number		A	oplied For
21		26			59-3152414			ot Applicable
22	Suite, Apt. #, etcSuite, Apt. #, e		c.		5. Certificate of Status Desired			Additional equired
City & State	)	City & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for	intangible t	ax under s	199.032,
:4	25	29	30	····		Yes [		
·	9. Name and Address of C	Current Registered Agent			10. Name and Address of New Re	gistered A	gent	
	d, william d Jr.		ļ	81 Name				
1221 W. COLONIAL DRIVE SUITE 103 ORLANDO FL 32804			82 Street Ad		ddress (P.O. Box Number is Not Acceptable)			
				83				
				84 City		FL	<b>85</b> Zip	Code
44 Purcuant to	a the provisions of Sections 60	77 (1502) and 607 1509. Florida 9	Statutos, the ak	Sous named con	poration submits this statement for the partion's board of directors. I hereby acce		honoina i	le rogistered
ayour rail	n familiar with, and accept the							
SIGNATURE	Signature typod or printed name of registe			d Agent signature requi		DATE CERS AND	DIBECTOS	2S INI 12
SIGNATURE 12.	Signature typod or printed name of registe OFFICER	ered agent and little if applicable RS AND DIRECTORS	13.		ired when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND		
SIGNATURE 3	Signature typod or primed name of registe OFFICEF	RS AND DIRECTORS	13. f 1.170	ILE		CERS AND	DIRECTOF	
SIGNATURE E	Signature typod or printed name of registe OFFICET P SHERRED, MICHELLE	RS AND DIRECTORS	13. E 1.170 12 NA	ILE		CERS AND		
SIGNATURE E  12.  TITLE  NAME  STREET ADDRESS	Signature typod or printed name of register OFFICE P P SHERRED, MICHELLE 2045 2ND AVE.	RS AND DIRECTORS	13. E 1.1 10 12 N <sup>4</sup> 1.3 ST	ILE IME REF1 ADDRESS		CERS AND		
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature typod or printed name of registe OFFICET P SHERRED, MICHELLE	RS AND DIRECTORS	13. E 1.170 12 NA 13 ST 1.4 CF	ILE IME REFT ADDRESS 1Y-ST-ZIP		CERS AND		Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature typod or printed name of register OFFICE P P SHERRED, MICHELLE 2045 2ND AVE.	TS AND DIRECTORS ☐ DELETI	13. E 1.170 12 NA 1.3 ST 1.4 CI	ILE IME REFT ADDRESS 1Y-ST-ZIP		CERS AND	Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature typod or printed name of register OFFICE P P SHERRED, MICHELLE 2045 2ND AVE.	TS AND DIRECTORS ☐ DELETI	13. E 1.1 TH 12 NA 1.3 ST 1.4 CT E 2.1 TH 2.2 NA	ILE IME REFT ADDRESS 1Y-ST-ZIP		CERS AND	Change	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature typod or printed name of register OFFICE P P SHERRED, MICHELLE 2045 2ND AVE.	TS AND DIRECTORS ☐ DELETI	13. E 1.110 12 NA 1.3 ST 1.4 CI 2.110 2.2 NA 2.3 SI	ILE  MML  REF1 ADDRESS  1Y-S1-7IP  ILE  MME		CERS AND	Change	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature typod or printed name of register OFFICE P P SHERRED, MICHELLE 2045 2ND AVE.	TS AND DIRECTORS ☐ DELETI	13. E 1.1 T/II 12 NA 1.3 ST 1.4 C/I E 2.1 NA 2.3 ST 2.4 C/I 2.4 C/I 2.4 C/I 2.4 C/I 2.4 C/I 2.5 NA 2.3 ST 2.4 C/I 2.4	ILE  MME  REF1 ADDRESS  1Y-S1-ZIP  LE  MME  REE1 ADDRESS  ITY-S1-ZIP		CERS AND	Change	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature typod or printed name of register OFFICE P P SHERRED, MICHELLE 2045 2ND AVE.	AS AND DIRECTORS  DELETI  DELETI	13. E 1.1 10 12 NA 1.3 ST 1.4 CI 2.1 NA 2.2 NA 2.3 SI 2.4 CI 2.4 CI 2.4 CI 2.5	ILE  MME  REF1 ADDRESS  1Y-ST-ZIP  LLE  IME  REE1 ADDRESS  01Y-ST-ZIP  LLE		CERS AND	Change	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature typod or printed name of register OFFICE P P SHERRED, MICHELLE 2045 2ND AVE.	AS AND DIRECTORS  DELETI  DELETI	13. E 1.110 12 NA 1.3 ST 1.4 CI 2.110 2.2 NA 2.3 SI 2.4 GI E B.110 B.2 NA B.2 NA B.3 N	ILE  MME  REF1 ADDRESS  1Y-ST-ZIP  LLE  IME  REE1 ADDRESS  01Y-ST-ZIP  LLE		CERS AND	Change	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature typod or printed name of register OFFICE P P SHERRED, MICHELLE 2045 2ND AVE.	AS AND DIRECTORS  DELETI  DIRECTORS  DELETI	13. E 1.1 TH 12 NA 1.3 ST 1.4 CI 2.1 TH 2.2 NA 2.3 ST 2.4 CI E B.1 TH B.2 NA B.3 ST B.4 CI 5 TH 5 T	ILE  MME  REFT ADDRESS  IY-ST-ZIP  ILE  MEET ADDRESS  ITY-ST-ZIP  REFT ADDRESS  ITY-ST-ZIP  ITY-ST-ZIP		CERS AND	Change	Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE	Signature typod or printed name of register OFFICE P P SHERRED, MICHELLE 2045 2ND AVE.	AS AND DIRECTORS  DELETI  DELETI	13. E 1.1 TH 12 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF B.1 TH B.2 NA B.3 ST B.4 CF A.5 TH III B.	ILE  MIL  REFT ADDRESS  IY-ST-ZIP  ILE  MIME  HEET ADDRESS  IY-ST-ZIP  LE  MME  HEFT ADDRESS  IT-ST-ZIP  ILE		CERS AND	Change	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature typod or printed name of register OFFICE P P SHERRED, MICHELLE 2045 2ND AVE.	AS AND DIRECTORS  DELETI  DIRECTORS  DELETI	13. E 11 THE 12 NA 1.3 ST 1.4 CF 2.1 THE 2.2 NA 2.3 ST 2.4 CF B.1 THE B.2 NA B.3 ST B.4 CF E 4.1 THE 4.2 NA	ILE  ME REFI ADDRESS IY-ST-ZIP ILE MME REEI ADDRESS MY-SI-ZIP ILE MME REFI ADDRESS ITY-SI-ZIP ILE AME AME AME		CERS AND	Change	Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature typod or printed name of register OFFICE P P SHERRED, MICHELLE 2045 2ND AVE.	AS AND DIRECTORS  DELETI  DIRECTORS  DELETI	13. E 11 TH 12 NA 1.3 ST 1.4 CF E 2.1 TH 2.2 NA 2.3 ST 2.4 CF E B.1 TH B.2 NA B.3 ST B.4 CF E 4.1 TH 4.2 NA 4.3 ST	ILE  ME REFT ADDRESS  IY-ST-ZIP  ILE  ME REET ADDRESS  IY-ST-ZIP  ILE  MAE REET ADDRESS  ITY-ST-ZIP  LLE  AME RELT ADDRESS		CERS AND	Change	Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature typod or printed name of register OFFICE P P SHERRED, MICHELLE 2045 2ND AVE.	AS AND DIRECTORS  DELETI  DELETI  DELETI	13. E 1.1 TH 12 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 4.1 TH 4.2 NA 4.3 ST 4.4 CF 4.4 CF 1.4 TH 1.4	ILE  ME REFI ADDRESS IY-ST-ZIP ILE MME REEI ADDRESS MIY-ST-ZIP ILE MAE REFI ADDRESS ITY-ST-ZIP ILE AME RELI ADDRESS IY-ST-ZIP ILE AME RELI ADDRESS IY-ST-ZIP		CERS AND	Change Change Change	Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature typod or printed name of register OFFICE P P SHERRED, MICHELLE 2045 2ND AVE.	AS AND DIRECTORS  DELETI  DIRECTORS  DELETI	### 13.  E 1.1 THE 12 NA 1.3 ST 1.4 CF 2.1 THE 2.2 NA 2.3 ST 2.4 CF 4.5 THE 4.2 NA 4.3 ST 4.4 CF E 5.1 THE 5.1	ILE  ME REFT ADDRESS  1Y-ST-ZIP  ILE  ME REET ADDRESS  MY-ST-ZIP  ILE  ME REET ADDRESS  MY-ST-ZIP  ILE  AME REET ADDRESS  ITY-ST-ZIP  ILE  AME REET ADDRESS  ITY-ST-ZIP  ILE		CERS AND	Change	Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature typod or printed name of register OFFICE P P SHERRED, MICHELLE 2045 2ND AVE.	AS AND DIRECTORS  DELETI  DELETI  DELETI	E 11.100 12.NA 1.3.ST 1.4.CI E 2.110 2.2.NA 2.3.ST 2.4.CI E B.1.VI B.2.NA B.3.ST B.4.CI E 4.1.TI 4.2.N 4.3.SI 4.4.CI E 5.1.TI 5.2.NA	ILE  MIL  REF1 ADDRESS  IY-ST-ZIP  ILE  MME  REE1 ADDRESS  IY-S1-ZIP  ILE  MME  REE1 ADDRESS  IY-S1-ZIP  ILE  AMME  RELT ADDRESS  IY-S1-ZIP  ILE  AMME  RELT ADDRESS  IY-S1-ZIP  ILE  MME		CERS AND	Change Change Change	Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature typod or printed name of register OFFICE P P SHERRED, MICHELLE 2045 2ND AVE.	AS AND DIRECTORS  DELETI  DELETI  DELETI	### 13.  E	ILE  MILE  REF1 ADDRESS  IY-ST-ZIP  ILE  MINE  REE1 ADDRESS  IY-ST-ZIP  ILE  MAE  REE1 ADDRESS  ITY-ST-ZIP  ILE  AME  RELT ADDRESS  IY-ST-ZIP  ILE  MME  RELT ADDRESS		CERS AND	Change Change Change	Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature typod or printed name of register OFFICE P P SHERRED, MICHELLE 2045 2ND AVE.	AS AND DIRECTORS  DELETI  DELETI  DELETI  DELETI	### 13.    Factor	ILE  MIL  REF1 ADDRESS  IY-ST-ZIP  ILE  MIE  REE1 ADDRESS  IY-S1-ZIP  ILE  MAE  REE1 ADDRESS  IY-S1-ZIP  LLE  AME  RELT ADDRESS  IY-S1-ZIP  LLE  MME  RELT ADDRESS  IY-S1-ZIP  LLE  MME  REE1 ADDRESS  IY-S1-ZIP  LLE  MME  REE1 ADDRESS  IY-S1-ZIP		CERS AND	Change Change Change	Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature typod or printed name of register OFFICE P P SHERRED, MICHELLE 2045 2ND AVE.	AS AND DIRECTORS  DELETI  DELETI  DELETI	### 13.    Factor	ILE  MIL  REF1 ADDRESS  IY-ST-ZIP  ILE  MME  REE1 ADDRESS  IY-ST-ZIP  ILE  MME  REE1 ADDRESS  ITY-ST-ZIP  ILE  AMME  RELT ADDRESS  IY-ST-ZIP  ILE  MME  RELT ADDRESS  IY-ST-ZIP  ILE  MME  REET ADDRESS  IY-ST-ZIP  ILE  MME  REET ADDRESS  IY-ST-ZIP  ILE		CERS AND	Change Change Change	Addition Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature typod or printed name of register OFFICE P P SHERRED, MICHELLE 2045 2ND AVE.	AS AND DIRECTORS  DELETI  DELETI  DELETI  DELETI	### 13.    1   10   12   14   13   14   14   15   14   15   15   15   15	ILE  MIE  REF1 ADDRESS  IY- ST-ZIP  ILE  MME  REE1 ADDRESS  IYY- ST-ZIP  ILE  MME  REE1 ADDRESS  ITY- ST-ZIP  ILE  AMME  REELT ADDRESS  IY- ST-ZIP  ILE  MME  REET ADDRESS  IY- ST-ZIP  ILE  MME  REET ADDRESS  IY- ST-ZIP  ILE  MME  REET ADDRESS  IY- ST-ZIP  ILE  MME  MME  MME  MME  MME		CERS AND	Change Change Change	Addition Addition Addition
SIGNATURE	Signature typod or printed name of register OFFICE P P SHERRED, MICHELLE 2045 2ND AVE.	AS AND DIRECTORS  DELETI  DELETI  DELETI  DELETI	### 13.    F	ILE  MIL  REF1 ADDRESS  IY-ST-ZIP  ILE  MME  REE1 ADDRESS  IY-ST-ZIP  ILE  MME  REE1 ADDRESS  ITY-ST-ZIP  ILE  AMME  RELT ADDRESS  IY-ST-ZIP  ILE  MME  RELT ADDRESS  IY-ST-ZIP  ILE  MME  REET ADDRESS  IY-ST-ZIP  ILE  MME  REET ADDRESS  IY-ST-ZIP  ILE		CERS AND	Change Change Change	Addition

SIGNATURE: