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

Mailing Address

PO DRAWER 430663

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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Zip

BIG PINE KEY FL 33043

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # P9200005598

Corporation Name

rincipal Place of Business

5 BOX 119J

·· TAIL RD

Suite, Apt. #, etc.

City & State

PINE KEY FL 33043

Principal Place of Business

BURNS, ALLAN H. I

286 Lobstertail Road

Country

9. Name and Address of Current Registered Agent

PARADISE PETROLEUM MARKETERS. INC.

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90181 013 ***150.00

I KRAKKERA KAR KEKIR KIEKA REKIK ALAKK ERAKA ERAKA BEKAR AKAR AKAR AKAR KEKAR KARA KARA

	# LOUKIOBE IZE KENIO ATAN ODAN OBENI OBENI OBNI ************************************						
	DO NOT WRITE IN THIS SPACE						
	3. Date Incorporated or Qualifed 11/18/1992						
	4. FEI Number 65-0367387	Applied For Not Applicable					
	5. Certificate of Status Desired	\$8.75 Additional Fee Required					
	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees					
Country	8. This corporation owes the current year I	ntangible					

10. Name and Address of New Registered Agent

Personal Property Tax.

Allan H. Burns III

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

RR 5 BOX 119J 286 Lobstertail Road LOBSTER TAIL ROAD PO Drawer 430663 BIG PINE KEY FL 33043 Zip Code 3043 City Big 84 Pine Key

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.

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	Signature, typed or printed name of registered agent and title if applic	able (NOTE: Re	gistered Agent signature r				DATE		
	OFFICERS AND DIRECTO	RS	13.		ADDITIONS	CHANGES TO	OFFICERS A		RS IN 12
	P	☐ DELETE	1.1 TITLE					Change	☐ Addition
ì	BURNS, ALAN H III		1.2 NAME						
LADDRESS	RR 5 BOX 119J LOBSTER TAIL RD		1.3 STREET ADDRESS			certail			
ST ZIP	BIG PINE KEY FL		14 CITY-ST-ZIP	Big	Pine	Key, FL	, 330	43	
i	VP	☐ DELETE	2.1 TITLE					. X Change	Addition
	BURNS, SUSAN H		2.2 NAME						
LADERÍO (#3			2.3 STREET ADDRESS	286	Lobs	tertail	Road.		
ST ZIP	BIG PINE KEY FL		2. 4 CITY-ST-ZIP	Big	Pine	Key, FI	<u>330 ر</u>		
		☐ DELETE	3.1 TITLE	_				Change	☐ Addition
			3.2 NAME						
TADDKESS			3.3 STREET ADDRESS						
ST-ZIP			3.4. CITY-ST-ZIP						
		☐ DELETE	4.1 TITLE					Change	☐ Addition
•			4. 2 NAME			•			
I ADDRESS			4.3 STREET ADDRESS						
et zip			4.4 CITY-ST-ZIP						
		☐ DEFELE	5.1 TITLE					☐ Change	☐ Addition
			5.2 NAME						
LADARA (S)			5.3 STREET ADDRESS					_	
ST-ZIP			5.4 CITY-ST-ZIP						· —
	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 TITLE					Change	Addition
			6.2 NAME					. • *	
LADDRESS			6.3 STREET ADDRESS						
ST-ZIP		1	6.4 CITY-ST-ZIP						

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 all other like empowered.

INATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR