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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

|   | MENT # P930<br>ISIDE TEXACO, INC.                        | 00000753 (2                                      | r)                                     |  | ######################################            |
|---|--|--|--|--|---|
| Principal Place of Business Mailing Address |  |  |  |  | <b>20</b> 441 <b>05</b> 111 10001 01404 1841 1001 |
| 9401 9TH ST NO. 9401 9TH ST NO.             |  |  |  |  |   |
| ST. PETERSBURG FL 33702                     |  | ST. PETERSBURG FL                                | 33702                                  |  |   |
|   |  |  |  | DO NOT WRITE IN TH   | IIS SPACE   |
|   |  |  |  | 3. Date Incorporated or Qualified  |   |
| 2. Principal P                              | lace of Business   | 2a. Mailing Address                              | <del></del>                            | 01/01/1993<br>4. FEI Number  | Applied For                                       |
| 1   |  | 26   |  | 59-3157335   | Not Applicable                                    |
| Suite, Apt. #, etc.                         |  | Suite, Apt. #, etc.                              | ······································ |  | \$8.75 Additional                                 |
| 2   |  | 27   |  | 5, Certificate of Status Desired   | Fee Required                                      |
| City & State                                |  | City & State                                     |  | 6. Election Campaign Financing   | \$5.00 May Be                                     |
| 3   |  | 28   |  | Trust Fund Contribution  | Added to Fees                                     |
| Zip   | Country  | <b>Ζ</b> ιρ                                      | Country                                | a. This corporation owes or has paid the   |   |
| 4   | 25   | 29   | [30]                                   | Personal Property Tax due June 30.   | Yes No  |
|   | g. Name and Address of Cui                               | frent Hegistered Agent                           | 81 Name                                | 10. Name and Address of New Register   | ed Agent  |
|   | ACK, WILEY D JR  |  | OI Name                                |  |   |
| 9401 9TH ST NO.                             |  |  | 82 Street Ad                           | dress (P.O. Box Number is Not Acceptable)  |   |
| 81  | PETERSBURG FL 33702                                      |  | 83                                     |  |   |
|   |  |  | 63                                     |  |   |
|   |  |  | 84 City                                |  | 85 Zip Code                                       |
| a.e. Character                              | 607  | 0.00   |  | propration submits this statement for the purpostation's board of directors. I hereby accept the |   |
| SIGNATURE                                   | Signature, typed or printest can end respektive OFFICERS | Lageotaed ittle (Lageotaette (N<br>AND DIRECTORS | Off. Flugistered Agent signature req   | uired when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS A                                     |   |
| MILE  | D  | ☐ DELFTE   | 1.1 TITLE                              |  | Change Addition                                   |
| NAME  | BLACK, WILEY D JR  |  | 1.2 NAME                               |  |   |
| STREET ADDRESS                              | 9401 9TH ST NO.  | ••   | 1.3 STREET ADDRESS                     |  |   |
| CITY-ST-ZIP                                 | ST. PETERSBURG FL 3370                                   |  | 1.4 CHY-ST-ZIP                         |  |   |
| MTLE  |  | ☐ DELETE   | 21 TITLE                               |  | Change Addition                                   |
| WHE   |  |  | 2.2 NAME                               |  |   |
| STREET ADDRESS                              |  |  | 2 3 STREET ADDRESS                     |  |   |
| CITY-ST-ZIP<br>TITLE                        |  | DELETE   | 2 4 GRY-S1-ZIP<br>31 TITLE             |  | Change Addition                                   |
| IAME  |  | ב_ הננונ   | 3.2 NAME                               |  | C Onlings C Addition                              |
| TREET ADDRESS                               |  |  | 3.3 STREET ADDRESS                     |  |   |
| SITY-ST-ZIP                                 |  |  | 3.4 CITY-S1-ZIP                        |  |   |
| ITLE  |  | DELETE   | 4.1 TITLE                              |  | Change Addition                                   |
| MME   |  | _  | 4. 2 NAME                              |  | _ • •   |
| TREET ADDRESS                               |  |  | 4.3 STREET ADDRESS                     |  |   |
| ITY-ST-ZIP                                  |  |  | 4.4 CITY - ST - 7IP                    |  |   |
| ITLE  |  | DELETE   | 5.1 TITLE                              |  | Change Addition                                   |
| AME   |  |  | 5 2 NAME                               |  |   |
| TREET ADDRESS                               |  |  | 5 3 STREET ADDRESS                     |  |   |
| XTY-ST-ZIP                                  |  | - · .,   | 5.4 CHTY - ST - ZIP                    |  |   |
| ITLE  |  | ☐ DELETE   | 6 1 TITLE                              |  | Change Addition                                   |
| MME   |  |  | 6 2 NAME                               |  |   |
| STREET ADDRESS                              |  |  | 6.3 STREET ADDRESS                     |  |   |
| CITY - ST - ZIP                             |  |  | 6.4 CITY - ST - 7IP                    |  |   |

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 eath; 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 13 if changed, or on an attachment with an address.

SIGNATURE: Will, O. Black !

813-576-7593

FILED

May 07 1998 8:00am

Secretary of State