FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:44

DOCUMENT # P93000011337 (1)

1. Corporation Name
ZACKER'S GAS COMPANY, INC.

Principal Place of Business	Mailing Address
1708 E. BUSCH BLVD. TAMPA FL 33612	1708 E. BUSCH BLVD. TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1993	3a. Date of Last Report: 07/27/1994
4. FEI Number: 59-3128633	☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26 9304 N. ELMER ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: TAMPA FL
24 Zip / 25 Country	29 Zip: 33612 / 30 Country: USA

9. Name and Address of Current Registered Agent

MELVIN, RAY
1708 E. BUSCH BLVD.
TAMPA FL 33612

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: Melvin Ray President — 1-8-95
(Signature, Typed or printed name of registered agent or officer and title) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	RAY, MELVIN	12 NAME	
STREET ADDRESS	1708 E. BUSCH BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, MICHAEL	22 NAME	
STREET ADDRESS	629 N. ST.	23 STREET ADDRESS	
CITY-ST-ZIP	BLUEFIELD WV 27401	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	MC GLOTHLIN, MICHAEL	32 NAME	
STREET ADDRESS	SECONT ST. GREEN ACRES ESTATES	33 STREET ADDRESS	
CITY-ST-ZIP	POUNDING MILL VA 24637	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MCGLOTHLIN, MICHAEL	42 NAME	
STREET ADDRESS	SECOND ST., GREEN ACRES ESTATES	43 STREET ADDRESS	
CITY-ST-ZIP	POUNDING MILL VA 24637	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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: Melvin Ray — 1-8-95 — (813)935-2008
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN Date Daytime Phone #
MELVIN RAY

0209433 CP