SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

| | 996 | 3.6 7 | N OF CORPO | | VS | | | |
|---|---|-------------------------------|------------|---------------------------|--|---|--------------|---|
| DOCUM 1. Corporation N | ENT # P9300 | 0026508 | (O) | | | | | |
| HMC OIL | CORPORATION | | | | | | 11 1 | |
| Principal Place of Business Mailing Address | | | | | | | | .## 0.019 16 1 0 711 1 0.9 1 |
| 13280 TAMIAMI TRAIL 13280 TAMIAMI TRAIL | | | | | | | | |
| NORTH PORT FL 34287 | | NORTH PORT FL 34287 | | | 3. Date Incorporated or Qualified 04/06/1993 | 3a. Date of L | | |
| 2. Principal Plac | e of Business | 2a. Mailing Addres | s | | | 4. FEI Number 65-0398816 | | Applied For Not Applicable |
| Suite, Apt. #, | etc. | Suite, Apt. #, 6 | to | | | 5. Certificate of Status Desired | | 75 Additional ee Required |
| City & State | | City & State | | | | Election Campaign Financing Trust Fund Contribution | | .00 May Be |
| 3 Zip | Country | 7 ip | 30 | Country | | This corporation has liability for it Florida Statutes | | |
| 4 | 9. Name and Address of Curre | 29 | [30] | | | 10. Name and Address of New Res | <u> </u> | |
| 1328 | RY LAURIDO O TAMIAMI TRAIL TH PORT FL 34287 | | | | | tress (P.O. Box Number is Not Acceptab | le) | |
| | | | | 83 | • | | FL 85 | Zip Cade |
| SIGNATURE 5: | you no type for protest name of registered t | agent and title if applicable | (NOTE B.) | | | poration submits this statement for the purion's board of directors. Thereby accept are: when recording? ADDITIONS/CHANGES TO OFFIC | DAIE | |
| 12. | | AND DIRECTORS | | 1 ! TITLE | | ADDITIONATION TO STATE | | nange Additio |
| NAME STREET ADDRESS | PD LAURIDO, HENRY 13280 TAMIAMI TRAIL | | l. | 12 NAME 13 STREET | AODRESS | | | |
| CITY-ST-ZIP | NORTH PORT FL | T DE | | 1 4 City - S 2 1 Tifle | | | CI | nange Addit o |
| NAME | | <u> </u> | | 2 2 NAME | | | | |
| STREET ADDRESS CITY - ST - ZIP | | | | 2.3 STREET 2.4 Gity - | , | | | <u> </u> |
| TITLE | | DE | | 3 1 TITLE 3 2 NAME | | | Ľ. J CI | nange Additu |
| NAME STREET ADDRESS | | | | 33 STREET | ADORESS | | | |
| CiTY-ST-ZIP | | | | 3.4 C/1Y-1 | SI - Z:P | | | nange Addite |
| TITLE NAME | | ل_) الا | | 4.1 TITLE | | | - LI | |
| STREET ADDRESS | | | | 4 3 STREET | ADDRESS | | | |
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| TITLE NAME | | ∪ ₁ | LEIL | 5.1 Tatle 5.2 NAME | | | ` | • • |
| STREET ADDRESS | | | | | T ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY : | ST-ZIP | | | hange Additi |
| TITLE | | DE | LETE : | 6 1 THILE | | | LJ 0 | hange [] Additi |

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

HENRY LAURIDO 6-11-96 941-406-9451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

64 CITY-ST-ZIP

14. I do 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)(k). Florida Statutes 1 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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 of chapters, or on an attachment with an address.