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

Mailing Address

PROFIT / CORPORATION · ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000032900

Principal Place of Business

BOONDOCKS TEXACO, INC.

3. Date Incorporated or Qualifed 05/05/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Physical Place of Susiness 59-3180518 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required	7110 HIGHWAY HAINES CITY FL		7110 HIGHWAY 544 EAST HAINES CITY FL 33844			DO NOT WITH IN THIS	· CDACE		
2. Principal Place of Business 2a Mailing Address 4. EEI Number Applied For						DO NOT WRITE IN THIS SPACE			
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Sulfe, Apt. 6, etc.	2. Princinal Pl	ace of Business	2a. Mailing Address					Applied For	
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City & State					_				
Zip	22		27		5. Certificate of Status Desired	Fee	Required		
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Personal Property Tax. 9. Name and Address of Current Registered Agent HAYS, JAMES W 7110 HIGHWAY 544 EAST HAINES CITY FL 33844 13. Name 14. City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florids 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 Psorids Such change was authorized by the corporation's board of directors. In new years a purpose of the provisions of Sections 607,0502 and 607,1508, Florids 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 Psorids 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 Psorids 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 Psorids 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 Psorids 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 Psorids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of the provisions of Statutes and the Sta		Country			, 	8. This corporation owes the current year Intangible			
9. Name and Address of Current Registered Agent HAYS, JAMES W 7110 HIGHWAY 544 EAST HAINES CITY FL 33844 31 32 Street Address (P.O. Box Number is Not Acceptable) 11Pursuant to the provisions of Sections 607.0502 and 607.1508, Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am lemilar with, and descript the obligations of Section 507.0502 and 607.1508, Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am lemilar with, and descript the obligations of Section 507.0506, Florida Statutes, the above-named corporation solumits this statement for the purpose of changing its registered agent. I am lemilar with, and descript the obligations of Section 500.0506, Florida Statutes, the above-named corporation solumits this statement for the purpose of changing its registered agent. I am lemilar with, and descript the obligation of Section 507.0506, Florida Statutes, the above-named corporation solumits this statement for the purpose of changing its registered agent. I am lemilar with, and descript the obligation of Section 500.0506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am lemilar with, and descript the option of the purpose of changing its registered agent. I am lemilar with and descript the purpose of changing its registered agent. I am lemilar with and descript the purpose of changing its registered agent. I am lemilar with and descript the purpose of changing its registered agent. I am lemilar with and descript the purpose of changing its registered agent. I am lemilar with an advertise to the purpose of changing its registered agent. I am lemilar with an advertise to the purpose of changing its registered agent. I am lemilar with an advertise to the purpose of changing its registered agent. I am lemilar with an advertise to the purpose of changing its registered agent. I am lemilar with a	—, ·	25	29	7				□Ño	
HAYS, JAMES W 7119 HIGHWAY 544 EAST HAINES CITY FL 33844 11Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the anomalor corporation submits this statement for the pursuant are registered gent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment are registered gent, are familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, the value of Florida Statutes, the corporation submits this statement for the pursue of changing its registered differences of the corporation submits this statement for the pursue of changing its registered of differences. In the control of the corporation of the corporation of the corporation of the cor	<u> </u>			1		10. Name and Address of New Registered	Agent		
T110 HIGHWAY 544 EAST HANNES CITY FL 33844 134 City FL 386 Zip Code 11Pursuant to the provisions of Sections 607 0500 and 607 1506. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office on registering degent, and increased agent, and increased agent				81	Name				
T110 HIGHWAY 544 EAST HANNES CITY FL 33844 134 City FL 386 Zip Code 11Pursuant to the provisions of Sections 607 0500 and 607 1506. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office on registering degent, and increased agent, and increased agent	HAYS	S. JAMES W			<u> </u>				
HAINES CITY FL 33844 Sa				82 Street Add		iress (P.O. Box Number is Not Acceptable)		J	
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	CITY-ST-ZIP	partify that the information cumplied with	h this filing does not qualify for th			Section 119.07(3)(i), Florida Statutes, I further ce	rtify that th	ie 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 an address, with all other like empowered.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90052 021 ***150.00