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

PROFIT CORPORATION ANNUAL REPORT

1998

A TANK



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000042090 (9)

V, R. PENSYL & SON'S INC. Principal Place of Business Mailing Address 6702 BEDFORD OAK DR 6702 BEDFORD OAK DR

FILED May 04 1998 8:00am Secretary of State



US		US		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 06/11/1993	
2. Principal Pl	ace of Business	2a. Mailing Addre	SŠ		4. FEI Number	Applied For
21		26	26		59-3189720	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #,	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Delimidate of otatus desired	Fee Required
City & State		<u></u>	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28	<u> </u>	under a	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	пниу	8. This corporation owes or has paid the o	
24	25 Name and Address of Curi	29 29 Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
OCI		THE TRANSPORTER PROPERTY		81 Name	10, maine and negliges of thest fieldstell	A CANII
PENSYL, VAUGHN R						
6702 BEDFORD OAK DR KEYSTONE HEIGHTS FL 32656				82 Street Add	ress (P.O. Box Number is Not Acceptable)	
VE.	IOIVINE MERONIIO FL 32030			63		
				84 City	F	85 Zip Code
11. Pursuant t	o the previsions of Sections 607.0	502 and 607,1508, Florida	a Statutes, the al	pove-named corp	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered
agent. I ar	n familiar with, and accept the ob	ligations of Section 607.0	505, Florida Stat	utes.	non a board of directors. I hereby docept the a	ppomenent as registered
	(Transment 1.K	, ,,	Agent signature requi	• 1 1 200	= 98 24 Ape 98
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DEŁ	ETE 1.1 TI	ILE		☐ Change ☐ Addition
NAME	PENSYL, VAUGHN R		1.2 N/	ME .		
STREET ADDRESS	6702 BEDFORD OAK DR		1.3 \$1	REET ADDRESS		
CITY-ST-ZIP	KEYSTONE HEIGHTS FL			TY-ST-ZIP		
TITLE		□ DEF	J :	J		Change Addition
NAME			2.2 N/			
STREET ADDRESS			- 1	REET ADDRESS		
CITY-ST-ZIP		DE1.		TY-ST-ZIP		Change Addition
TITLE		□ Det				Change Addition
NAME			3.2 N/	J		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE		DEL		ITY-ST-ZIP		Change Addition
NAME		L bit	4.1 JI 4.2 N			m Annualo m unoutron
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		DEL				Change Addition
NAME			5.2 NA	J		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		☐ DEL			1	Change Addition
NAME			6.2 NA	i		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
	ertify that the information supplied	with this filing does not a			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 an address.