

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000063768 (4)

1. Corporation Name

ADAMS & SON FUEL OIL, INC.

Principal Place of Business

415 TRESKA ROAD
JACKSONVILLE FL 32225

Mailing Address

415 TRESKA ROAD
JACKSONVILLE FL 32225



3. Date Incorporated or Qualified
09/08/1993

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3208432

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27

City & State

23

28

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

24

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROW, LAWRENCE D
415 TRESKA ROAD
JACKSONVILLE FL 32225

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

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME
ADAMS, JACQUELINE R
415 TRESKA ROAD
JACKSONVILLE FL 32225

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY, ST, ZIP

1.4 CITY, ST, ZIP

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME
ADAMS, ROBERT D
415 TRESKA ROAD
JACKSONVILLE FL 32225

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY, ST, ZIP

2.4 CITY, ST, ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME
ADAMS, ROBERT D
415 TRESKA ROAD
JACKSONVILLE FL 32225

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY, ST, ZIP

3.4 CITY, ST, ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME
ADAMS, ROBERT D
415 TRESKA ROAD
JACKSONVILLE FL 32225

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY, ST, ZIP

4.4 CITY, ST, ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME
ADAMS, ROBERT D
415 TRESKA ROAD
JACKSONVILLE FL 32225

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY, ST, ZIP

5.4 CITY, ST, ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME
ADAMS, ROBERT D
415 TRESKA ROAD
JACKSONVILLE FL 32225

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY, ST, ZIP

6.4 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. 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.

SIGNATURE: Robert D. Adams ROBERT D. ADAMS

1-19-96

904-724-1110

Date

Daytime Phone #

CR2E034 (12/95)