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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

Davime Prone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000065494 (5)

S & B OIL, INC.

NAME

STREET ADDRESS

SIGNATURE:

CITY - \$1 - 2IP

Principal Place of Business Mailing Address									
1800 N. PINE ISLAND RD. PLANTATION FL 33322 1800 N. PINE ISLAND RD. PLANTATION FL 33322-5202									
						3. Date Incorporated or Qualified 08/26/1993		ite of Last Re 23/1996	вроrt
2. Principal P	face of Business	2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	4. FEI Number	-L	Ap	plied For
21		26				65-0433473			ot Applicable
Suite, Apt	# etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stat	8	City & State				6. Election Campaign Financing	***************************************	\$5.00	May Be
23		28			»· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution		Added t	
Zφ	Country	Zip		untry		8. This corporation has liability for			. 199.032,
24	25 9. Name and Address of Curre	nt Registered Agent	30	7		Florida Statutes 10. Name and Address of New Re	Yes		
742	OWSKI, PAUL J	it togoto ou rigott		81	Name	10. 140/10 01/0 140/1000 01 11011 110	9.0.0.00		
	O N. PINE ISLAND RD.			82	Street Addre	ess (P.O. Box Number is Not Acceptal	olo)		
	IATATION FL 33322			62	Slieet Addre	iss (F.O. DOX Number is NOt Accepted	же)		
				83					
				84	City		FL	85 Zip (Code
11 Direction	to the provisions of Castions 607.05	02 and 607 1509. Etorida Statut	les the	above	named corry	pration submits this statement for the	SULPOSO OF	changing it	e registered
office or i agent. La	registered agent, or both, in the State arti farmiliar with, and accept the oblig	e of Florida. Such change was gations of, Section 607.0505, Fl	authorize orida Sta	ed by atutes	the corporation	on's board of directors. I hereby acce	ot the app	ointment as	registered
SIGNATURE	Signature, typod or printed name of registered ag	gent and little if applicable (NO)	E Register	ed Ager	nt signature require	d when reinstating)	DATE	****	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITEF	DP	DELETE	1.1 TITU					Change	Addition
NAME	SADOWSKI, PAUL J 1800 N. PINE ISLAND RD.			NAME					
STREET ADDRESS	PLANTATION FL 33322		1.3 STREET ADDRESS 1.4 City - St - ZiP						
CHY-ST-ZIP	DS DS	DELETE		2.1 TITLE		***************************************	······································	Change	Addition
NAME	SADOWSKI, JUDITH W		2.21	NAME					
STREET ADDRESS	1800 N. PINE ISLAND RD.		2.3 9	STAEET .	address		5.0 - 1.4		
C:TY - S1 - ZIP	PLANTATION FL 33322		2. 4	2. 4 CITY - ST - ZIP		* .	5.0 2.14 3.		
TITLE	DV	☐ DELETE		3.1 TITLE				Change	Addition
NAME PROTECTION OF SECURE	SADOWSKI, SCOTT J 1800 N. PINE ISLAND RD.			NAME	- DOOLOG				
STREET ADURESS CITY - ST - ZIP	PLANTATION FL 33322				ADDRESS				
TILE	I PANIUMAL FAARE	☐ DELETE		3.4. CITY-ST-ZIP 4.1 TITLE				Change	Addition
NAME		_	4. 2	NAME				,	_
SYREET ADDRESS					ADDRESS				
CHTY - ST - 71F			4.4	4.4 CITY - ST - ZIP					
THLF		☐ DELETE	51	TITLE				Change	☐ Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-7-P		DELETE		CITY-SI	- ZiP			☐ Change	Addition
T-TLE.		FT DECEIG	6.7	TITLE	·			The controls	LT MODITOR

62 NAME

14. I do hereby certify that the information supplied with this filing 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 employed 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 attainment with a species.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP