

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000075720 (1)

1. Corporation Name

KROME AVENUE CHEVRON, INC.

Principal Place of Business

6 NE 15 ST
HOMESTEAD FL 33030
US

Mailing Address

P. O. BOX 578
HOMESTEAD FL 33090
US

FILED
Apr 25 1997 8:00am
Secretary of State



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/26/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0340309

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WATKINS, MICHAEL E
830 N. KROME AVE.
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name

ALETHA B. MITCHELL

82 Street Address (P.O. Box Number is Not Acceptable)

412 S. FLAGLER AVE.

83

27730 SW 164th, HOMESTEAD, FL 33031

84 City

HOMESTEAD

FL

85 Zip Code

33030

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

Aletha B. Mitchell
Signature, typed or printed name of registered agent and title if applicable.

ALETHA B. MITCHELL

(NOTE: Registered Agent signature required when reinstating)

1/21/97
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BISHOP, CLINTON J JR.
STREET ADDRESS 18991 S.W. 288TH TERRACE
CITY-ST-ZIP HOMESTEAD FL 33030 ☐ DELETE

TITLE STD
NAME BURKETT, ROBERT O
STREET ADDRESS 18585 S.W. 295TH TERRACE
CITY-ST-ZIP HOMESTEAD FL 33030 ☐ DELETE

TITLE D
NAME WATKINS, MICHAEL E
STREET ADDRESS 16881 S.W. 288TH TERRACE
CITY-ST-ZIP HOMESTEAD FL 33030 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Robert Burkett

4-19-97

205-242-2136

CR2E034 (9/96)