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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Mar 06 1997 8:00am

Secretary of State

ERB. 22, 1997 (402)777.3047

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000039552 (2)**

SPACE COAST OIL EQUPIPMENT & TANK SERVICES, INC.

Principal Place of Business Mailing Address 2436 CARRIAGE COURT 2436 CARRIAGE COURT INDIALANTIC FL 32903-2447 INDIALANTIC FL 32903 3a. Date of Last Report 3. Date Incorporated or Qualified 05/20/1994 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3246673 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes ☐ No Zip Country 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name GUNTHORPE, RUSSELL 2436 CARRIAGE COURT Street Address (P.O. Box Number is Not Acceptable) INDIALANTIC FL 32903 83 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. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signators, typical or printed name of registered agent and tite if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6) 12. 13. DELETE 1.1 TITLE ☐ Change Addition LHE **GUNTHORPE. RUSSELL** 1.2 NAME NAME 2438 CARRIAGE COURT STREET ADDRESS 1.3 STREET ADDRESS INDIALANTIC FL 32903 1.4 CITY - ST - ZIP CHY-ST-20 DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST- ZIP CHI1-ST-7IP DELETE Change Addition THLE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP Addition DELETE 4.1 TOLE Change THEF NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4,4 CITY-ST-ZIP C-TY - S1 - 7IP DELETE ☐ Change Addition THE 5.1 TITLE-NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - 7/P 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition THU NAME 6.2 NAME STREET ACTORESS 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

on an attachment with an address.