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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000043744 (9)

WALKER-LARATTA OIL, INC.

Principal Place of Business Mailing Address 1250 STICKNEY POINT ROAD 1250 STICKNEY POINT ROAD SARASOTA FL 34242 SARASOTA FL 34242 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/08/1994 2. Principal Place of Business 2a. Maiting Address Applied For 65-0499576 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WALKER, ROBERT J 1250 STICKNEY POINT ROAD Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34242 City 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, typed or printed name of registered against and Isla if applicable Agent signature required when reinstating) (NOTE: Registered ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Change Addition TITLE 111 WALKER, ROBERT J NAME 1.2 NA 1250 STICKNEY POINT ROAD ET ADDRESS STREET ADDRESS 1.3 ST SARASOTA FL 34242 CITY-ST-ZIP 1.4 CI ST-ZIP DELETE Change Addition TITLE 2.1 TIT LARATTA, JAMES NAME 2.2 NA **5102 COFFEETREE LANE** STREET ADDRESS 2.3 ST T ADDRESS N. SYRACUSE NY 13212 CITY-ST-ZIP 2.4 CI ST-ZIP __ DELETE Change Addition TITLE

> ADDRESS ST-ZIP

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ADDRESS

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14. I hereby certify that the information supplied with this fiting does not qualify for the exemindicated on this annual report or supplemental annual report is true and accurate and officer or director of the corporation or the receiver or trustee empowered to execute this Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

tion stated in Section 319.07(3)(i), Florida Statutes. I further certify that the information at my signature shelf have the same legal effect as if made under oath; that I am an report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

May 07 1998 8:00am

Secretary of State

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-2IP

CITY-ST-ZIP

STREET ADDRESS

941-3461822

Change

Change

Change

Addition

Addition

Addition