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

**PROFIT CORPÓRATION** ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P94000064777	(3)
1. Corporation Name		` '

GATOR CITY FUELS, INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 09/01/1994 04/12/1995

9551 BAYMEADOWS RD.
SUITE 5
JACKSONVILLE FL 32256

Principal Place of Business

9551 BAYMEADOWS RD. SUITE 5 JACKSONVILLE FL 32256

Mailing Address

2. Principal Place of Business			2a	2a. Mailing Address			4. FEI Number				Applied For	
1			2€						59-3274404			Not Applicable
2	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5.	Certificate of Status Desired		7	75 Additional se Required
3	City & State	Commission of the Commission o	28	City & State				6.	Election Campaign Financing Trust Fund Contribution	[]		.00 May Be Ided to Fees
4	Zip	Country 25	25)	Ζιρ	Got <b>30</b>	untry		I -	This corporation has liability for it Florida Statutes Yes		x unde	rs 199.032,
	g, Name	and Address of Curren	Regi	stered Agent				10.	Name and Address of New R	egistered	Agent	
	OLETTI IIII OTV	B DUCEV				81						
SMITH HULSEY & BUSEY 225 WATER ST.		82	Street Addres	Street Address (P.O. Box Number is Not Acceptable)								
	SUITE 1800 JACKSONVILLE FL 32202			83								
	NACROCINVILLE	LL DEEDE				84	City			FI	85	Zip Code

11. Pursuant to the provisions of Sections £07,0502 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. Hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

2.	OFFICERS AND DIREC	TORS	13.	ADDITIONS/CHANGES TO C	DEFICERS AND DIRECTO	RS IN 12
ITLE	P	DELETE	1 1 TITLE		🔼 Change	Additio Additio
AME	SCHIND, WILLIAM G.		1.2 NAME	SCHWIND		
TREET ADDRESS	9551 BAYMEADOWS RD #5		1.3 STREFT ADDRESS			
TY-ST-ZIP	JAX FL		1.4 CITY - ST - ZIP			
TLE	VPS	☐ DELETE	2. 1 îlî LE		☐ Change	Addition Addition
ME	ST CLAIR, DAVID A		2.2 NAME			
REET ADDRESS	9551 BAYMEADOWS RD #5		2.3 STREET ADDRESS			
TY-\$T-Z1P	JAX FL		2 4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TLE	\$	DEFETE	3 1 TITLE		Change	Addition
AME :	BERGMAN, THOMAS C.		3.2 NAMÉ	BERGMANN		
REET ADDRESS	9551 BAYMEADOWS RD #5		3.3 STREET ADDRESS	1		
TY-ST-ZIP	JAX FL		3.4 CITY - ST - ZIP			
ILE	C	DELETE	4. 1 TITLE		Change	Addition
AME	STOKES, E. CHESTER J		4.2 NAMÉ			
REET ADDRESS	9551 BAYMEADOWS RD		4.3 STREET ADDRESS			
TY-ST-ZIP	JAX FL		4.4 CITY - \$1 - ZIP		***************************************	
TLE		■ DELETE	5. 1 TITLE		Change	Addition
AME			5.2 NAME			
TREET ADDRESS			5.3 STREET ADDRESS			
TY-\$1-7IP			54 CITY - ST - ZIP			
1LE		DELETE	6 1 TITLE		Change	Addition
AME			6.2 NAME			
TREET ADDRESS			63 STREET ADDRESS			
מול זה עדו			c⊶rviv et zin			

14. Ido hereby certify that the information supplied with this filing is voluntarily furned 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 and all 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 placey or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged, or on an attachment with an address

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904)730.2660