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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000065094 (2)

1. Corporation Name

PARADISE SERVICE STATION MANAGEMENT CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

R.R. 5 BOX 119
LOBSTERTAIL ROAD
BIG PINE KEY FL 33043
US

P.O. DRAWER 430863
BIG PINE KEY FL 33043
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURNS, ALAN H. III
R.R. 5 BOX 119J
LOBSTERTAIL ROAD
BIG PINE KEY FL 33043

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME P
STREET ADDRESS BURNS, ALAN H.
CITY-ST-ZIP R.R. 5 BOX 119J LOBSTERTAIL ROAD
BIG PINE KEY FL

13. TITLE ☐ DELETE

NAME VP
STREET ADDRESS BURNS, SUSAN
CITY-ST-ZIP R.R. 5 BOX 119J LOBSTERTAIL ROAD
BIG PINE KEY FL

14. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

15. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

16. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

17. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

1/27/98

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CR2E034 (10/97)