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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **P94000071378** (1)

WEST MELBOURNE CHEVRON, INC.

Mailing Address

3100 W NEW HAVEN AVE W MELBOURNE FL 32904

Principal Prace of Business

2100 W NEW HAVEN AVE W MELBOURNE FL 32904-3534

FILED Mar 12 1997 8:00am Secretary of State

						3, Date Incorporated or Qualified 09/26/1994	3a. Date of Las 02/27/1996		
2. Principal P	hape of Business	2a. Mailing Address				4, FEI Number	1 333 10	Applied For	
21		26	 _			59-3277571	1 00 0000000		
Suite, Apt	# etc	Suite, Apt. #, etc					607	Not Applicable 5 Additional	
22]	20 5 100 1000aa	27	27			5. Certificate of Status Desired		Required	
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28			· 	Trust Fund Contribution	L.J Adde	ed to Fees	
Ζφ 24	Country 25	Zip	30 Co	Country		8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes			
9. Name and Address of Current Registered Agent				Τ	10. Name and Address of New Registered Agent				
· · · · · · · · · · · · · · · · · · ·						ame			
3100 W NEW HAVEN AVE									
W MELBOURNE FL 32904				82 Street Address (P.O. Box Number is Not Acceptable)					
11 111000000000000000000000000000000000					·	. '. ' ' 	· · · · · · · · · · · · · · · · · · ·		
			84 City 85 Zip Co			ip Code			
	10 2 007.00	0 1 1007 4500 Fig. 11-0		ĻJ				·	
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.									
agest. Land timiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE									
12.	Separate typical or protect name of registered ago OFFICERS AN		(NOTE Hegiste		nt signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	ODC IN 10	
	D OFFICENS AND	DELETE		TITLE		ADDITIONS/CHANGES TO OFFIC	Chang		
	VALUE ALL INCOMENTS A				- 1		L_J Crigity	Je L Audmon	
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City St 7 P				CITY-S1	r-zip				
117.1				TITLE	ł		Chang	ge L_I Addition	
NAME:] 2			2.2 NAME				}	
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NAME			4 2	2 NAME	ł			}	
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NAME			52	NAME	[
SIRELL ADDRESS			5.3	STREET	ADDRESS				
C-07 - S1 - 24P			5.4	CITY-ST	-ZIP				
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NAM!	<u>.</u>		6.2	NAME	}			ł	
STORE LADORESS			63	STREET.	ADDRESS			Ì	
C-1Y - \$1 - 2IP				CITY-ST	1			}	
14. Edo Ferei	by certify that the information supplied	d with this filing does not	qualify for th	e exe	motion sta	ated in Section 119.07(3)(i), Florida Statute	s. I further certify the	nat 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 path; 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									

JEFFREY S. KENDILL 3/7/97

0100341