FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. [illegible]
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000083771 (3)**

1. Corporation Name
TRANSOIL, INC.

Principal Place of Business
20771 US HWY 98
DADE CITY FL 33525

Mailing Address
20771 US HWY 98
DADE CITY FL 33525

3. Date Incorporated or Qualified: 11/14/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 20711 US HWY 98
Suite, Apt. #, etc.
27
City & State
28 DADE CITY FL
Zip 29 33525 Country 30 USA

4. FEI Number: 59-2996048 ~~APPLIED FOR~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SCHNEIDER, LAZ L
100 NE 3RD AVE.
SUITE 400
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent
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 signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	KABOT, GARY	
STREET ADDRESS	9200 NW 14 CT	
CITY-ST-ZIP	PALMETTO FL	
TITLE	D	☐ DELETE
NAME	RIGBY, T. ALEC	
STREET ADDRESS	1720 S OCEAN BLVD	
CITY-ST-ZIP	MANALAPAN FL	
TITLE	D	☐ DELETE
NAME	SILVERSTEIN, JOEL	
STREET ADDRESS	P.O. BOX 4367 N/A	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DP	☒ DELETE
NAME	THOMAS, DAVID	
STREET ADDRESS	20711 US HWY 98	
CITY-ST-ZIP	DADE CITY FL	
TITLE	VP	☐ DELETE
NAME	ANDERSON, JOHN	
STREET ADDRESS	20711 US HWY 98	
CITY-ST-ZIP	DADE CITY FL	
TITLE	ST	☐ DELETE
NAME	WHEELES, RON	
STREET ADDRESS	20711 US HWY 98	
CITY-ST-ZIP	DADE CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/V	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	ASST S	☐ Change ☒ Addition
4.2 NAME	BRIAN K. EYE	
4.3 STREET ADDRESS	20711 US HWY 98	
4.4 CITY-ST-ZIP	DADE CITY, FL 33525	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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: Brian K. Eye — BRIAN K. EYE — 4/30/96 — (352)-583-3323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)