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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P94000083771 (3)

1. Corporation Name

TRANSOIL, INC.

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

3. Date Incorporated or Qualified: **11/14/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: ~~APPLIED FOR~~ 59-2996048 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26 20711 US HWY 98
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 DADE CITY FL
Zip / Country 24 / 25	Zip / Country 29 33525 / 30 USA

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D/V	☒ Change ☐ Addition
NAME	KABOT, GARY		1.2 NAME		
STREET ADDRESS	9200 NW 14 CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RIGBY, T. ALEC		2.2 NAME		
STREET ADDRESS	1720 S OCEAN BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MANALAPAN FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SILVERSTEIN, JOEL		3.2 NAME		
STREET ADDRESS	P.O. BOX 4367 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	DP	☒ DELETE	4.1 TITLE	ASST S	☐ Change ☒ Addition
NAME	THOMAS, DAVID		4.2 NAME	BRIAN K. EYE	
STREET ADDRESS	20711 US HWY 98		4.3 STREET ADDRESS	20711 US HWY 98	
CITY-ST-ZIP	DADE CITY FL		4.4 CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, JOHN		5.2 NAME		
STREET ADDRESS	20711 US HWY 98		5.3 STREET ADDRESS		
CITY-ST-ZIP	DADE CITY FL		5.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WHEELES, RON		6.2 NAME		
STREET ADDRESS	20711 US HWY 98		6.3 STREET ADDRESS		
CITY-ST-ZIP	DADE CITY FL		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)(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: 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)