

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tara B. McGehee
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000092434 (7)

95 MAY -1 AM 11:03

SECOND AVENUE SERVICE STATION, INC.

1268 NE 109 ST
MIAMI FL 33161

1268 NE 109 ST
MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 3a. Date of Last Report

12/20/1994

4. File Number

650579984

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Has the Corporation been

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under the Florida Statutes

☐

Yes

☐

No

21. Business is not
established yet

26. Mailing Address

27. Mailing Address

28. City & State

29. City

30. City

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THERVIL, SAINT J
1268 NE 109 ST
MIAMI FL 33161

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 607.04(2) and 607.15(4)(b), 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 607.04(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONAL INFORMATION

1. NAME
D THERVIL, SAINT J
2. STREET ADDRESS
1268 NE 109 ST
3. CITY, STATE, ZIP
MIAMI FL 33161

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

☐ Change ☐ Addition

1. NAME
D DAUPHIN, HEROLD
2. STREET ADDRESS
430 NW 98 STREET
3. CITY, STATE, ZIP
MIAMI FL 33161

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

☐ Change ☐ Addition

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

1. NAME
2. STREET ADDRESS
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☐ Change ☐ Addition

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2. STREET ADDRESS
3. CITY, STATE, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and correct and equally for the information submitted in Section 13.04(2)(b), Florida Statutes, I further certify that the information included in 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 on Block 12 or Block 13 of this report or on an attachment to this report.

SIGNATURE:

SAINT JULES THERVIL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Saint Jules Therwil

875-1556

4-18-95