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PROFIT **CORPORATION** ANNUAL REPORT



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

1996

P95000003486 (4) **DOCUMENT #**

FOX-HUDSON / AMOCO, INC.



| rincipa! Place d | of Business | Maling Address | | | | | | |
|--|---|---------------------------------------|--|--|---|----------------------|------------------------------------|---|
| 7605 STATE ROAD 52 HUDSON FL 34667 | | 7605 STATE ROAD 5 | 7605 STATE ROAD 52 | | | | | |
| HUDSON FL 3 | 34967 | HUDSON FL 34667 | | | 3. Date Incorporated or Qualified 01/12/1995 | 3a. Date o | of Last Re | eport |
| | | Ta. Maria Addina | | | - · · | | | Applied For |
| Principal Place of Business | | 2a, Mailing Address | | 4. FEI Number 59-3295755 | | 1 | eldspiktaA tov | |
| Suite, Apt. # | etc: | Suite, Apt. #, etc. | | | | | hh | Additional |
|) | , 500 | 27 | | | 5. Certificate of Status Desired | | | Required |
| City & State | dal adal 1884 1884 1884 1884 1884 1884 1884 188 | City & State | | | 6. Election Campaign Financing | r-1 | \$5.0 | 0 May Be |
| | | 28 | | | Trust Fund Contribution | | | d to Fees |
| Zip | Country | Zip | Country | <i>f</i> | 8. This corporation has liability for | | under s | 199.032, |
| <u> </u> | 25 | 29 | 30 | | Florida Statutes Yes 10. Name and Address of New F | □ No Registered Δ | gent | |
| | 9, Name and Address of Cur | rent Registered Agent | 81 | Name | 10, Name and Address of New 1 | iogistereu A | yen. | |
| CODDOC | RATION INFORMATION SERV | NOTE INC | | | | | ···· | |
| | | IOEO INO. | 82 Stre | | t Address (P.O. Box Number is Not Acceptable) | | | |
| 1201 HAYS ST. TALLAHASSEE FL 32301 | | | 83 | | | | | |
| 17447417 | 100EE E 0500 | | | | | | 7227 | - Dani- |
| | | | 84 | City | | FL | 85 Zi | p Code |
| | h, and accept the obligations of, 5 | | | | | | | |
| GNATURE _ | Signature, types or printed name of registeres: | | OTE: Pegistered Age | ent signature recjuré | | DAYE. | | |
| 2. | Signatura, typeo or printed name of registered a OF FICERS | AND DIRECTORS | 13. | | ad wher reinstaling) ADDITIONS/CHANGES TO OFF | ICERS AND I | ************ | |
| Z. TLE | Signature, types or printed name of registeres a OFFICERS | | 13. 1.1 Tille | | | ICERS AND I | DIRECTO | |
| LE ME | Signiture, types or printed name of registeres a OFFICERS DP FOX, RICHARD | AND DIRECTORS | 13. 1. 1 TILLE 1.2 NAME | | | ICERS AND I | ************ | |
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certing that the information indicates on this altitude report or suppliernent altitude report is due and accorded allowering signature shall have the safety expenditude of 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 13.4 changed, or on an attagramment with an address.

OX Richard W. Fox X Date