

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000014291 (5)

1. Corporation Name

TOM'S ALBEE ROAD SERVICE STATION, INC.



Principal Place of Business

Mailing Address

105 N. TAMiami TRAIL
SARASOTA FL 34975
NoKomis, FL
34275

105 N. TAMiami TRAIL
SARASOTA FL 34975
NoKomis, FL 34275

3. Date Incorporated or Qualified

02/17/1995

3a. Date of Last Report

4. FE# Number

65-0562740

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

10. Name and Address of New Registered Agent

* COLLINS, BETTY
105 N. TAMiami TRAIL
SARASOTA FL 34975
NoKomis, FL
34275

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

Betty L. Collins

(If the Registered Agent signature is required when registering)

6-10-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME COLLINS, BETTY
STREET ADDRESS 105 N. TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL 34975

TITLE
NAME NoKomis, FL 34275
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

11. TITLE
12. NAME
13. STREET ADDRESS

14. CITY-ST-ZIP
21. TITLE
22. NAME

23. STREET ADDRESS
24. CITY-ST-ZIP

31. TITLE
32. NAME
33. STREET ADDRESS

34. CITY-ST-ZIP
41. TITLE
42. NAME

43. STREET ADDRESS
44. CITY-ST-ZIP

51. TITLE
52. NAME
53. STREET ADDRESS

54. CITY-ST-ZIP
61. TITLE
62. NAME

63. STREET ADDRESS
64. CITY-ST-ZIP

NoKomis, FL 34275
Vice President
Garland Mark Collins
105 N. Tamiami Trail
NoKomis, FL 34275

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***225.00

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Betty L. Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-96

941-458-8046

CR2E034 (3/96)