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 # **P95000019389 (2)**

1. Corporation Name

HOQUE'S TEXACO, INC.

Principal Place of Business	Mailing Address
801 NORTH FEDERAL HIGHWAY **DELRAY BEACH FL 33483**	**801 NORTH FEDERAL HIGHWAY** **DELRAY BEACH FL 33483**

3. Date Incorporated or Qualified: **03/08/1995** | 3a. Date of Last Report:

21 2. Principal Place of Business | 26 2a. Mailing Address

22 Suite, Apt. #, etc | 27 Suite, Apt. #, etc

23 City & State | 28 City & State

24 Zip | 25 Country | 29 Zip | 30 Country

4. FEI Number: 65-0565908 ☐ 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

KHAN, MOHAMMED D
801 NORTH FEDERAL HIGHWAY
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name: HOQUE, AHM A

82 Street Address (P.O. Box Number is Not Acceptable): 503 SOUTH EAST 20TH AVE

83: APT # 1-B

84 City: BOYNTON BEACH FL 85 Zip Code: 33435

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	11 TITLE	PD ☐ Change ☐ Addition
NAME	KHAN, MOHAMMED D		12 NAME	HOQUE, AHM A
STREET ADDRESS	281 FORSYTH STREET		13 STREET ADDRESS	503 SOUTH EAST 20TH AVE APT 1-B
CITY-ST-ZIP	BOCA RATON FL 33487		14 CITY-ST-ZIP	BOYNTON BEACH FL 33435
TITLE	VD	☒ DELETE	21 TITLE	VD ☐ Change ☐ Addition
NAME	HOQUE, AHM A		22 NAME	KHAN, MOHAMMED D
STREET ADDRESS	503 SOUTH EAST 20TH AVE. APT 1-B		23 STREET ADDRESS	281 FORSYTH STREET
CITY-ST-ZIP	BOYNTON BEACH FL 33435		24 CITY-ST-ZIP	BOCA RATON FL 33487
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	900001901983
STREET ADDRESS			53 STREET ADDRESS	-07/23/96--01086--051
CITY-ST-ZIP			54 CITY-ST-ZIP	***225.00
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: AHM A HOQUE 5/30/96 (407)278-7484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #