

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P950000634034**
1. Corporation Name

KLB FUEL STOP, INC.

Principal Place of Business Mailing Address
Columbia County **Route 3, Box 173-AA**
Lake City, FL 32024

3. Date Incorporated or Qualified 5-1-95	3a. Date of Last Report N/A
4. FEI Number 59-3315150	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	22. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	24. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip
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9. Name and Address of Current Registered Agent Baldev Butter Rt. 13, Box 919-21 Lake City, FL 32055				10. Name and Address of New Registered Agent 81 Name Harjeet Singh 82 Street Address (P.O. Box Number is Not Acceptable) Rt. 3, Box 173-AA 83 84 City Lake City FL 85 Zip Code 32024			
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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 *Harjeet Singh* **Harjeet Singh** **2-20-96**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature is required when filing.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President & Director	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Pres., Sec. & Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Baldev Butter		1.2 NAME	Harjeet Singh			
STREET ADDRESS	Rt. 13, Box 919-21		1.3 STREET ADDRESS	Rt. 3, Box 173-AA			
CITY-ST-ZIP	Lake City, FL 32055		1.4 CITY-ST-ZIP	Lake City, FL 32024	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE				
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS	100001752801			
CITY-ST-ZIP			3.4 CITY-ST-ZIP	-03/21/96--01026--024			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	***200.00	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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

SIGNATURE: *Harjeet Singh* **Harjeet Singh** **2-20-96** **904-752-5750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
05 3-20-96

CR2E034 (12/95)