

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000039526 (5)

1. Corporation Name

DOSS CHEVRON INC.

Principal Place of Business

6402 US HIGHWAY 301 NORTH
BRADENTON FL 34222

Mailing Address

6402 US HIGHWAY 301 NORTH
BRADENTON FL 34222



2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Zip

27 City & State

28 Zip

24 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SAMAH, CHARLES M
259 FOURTH AVE., NORTH
ST. PETERSBURG FL 33701

81 Name **DOSS, MAGDY**

82 Street Address (P.O. Box Number is Not Acceptable)

955 53RD ST. E.

83

84 City

BRADENTON, FL

FL 85 Zip Code **34208**

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 on Section 607.0505, Florida Statutes.

SIGNATURE **X MAGDY, DOSS**

Signature, by-5 or printed name of registered agent and the date of filing

NOTE: Registered Agent signature required when re-registering

4-26-96

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PSTD** DELETE
NAME **DOSS, MAGDY**
STREET ADDRESS **1 WINDRUSH BLVD., #87**
CITY-ST-ZIP **INDIAN ROCKS BEACH FL 34635**

PSTD Change Addition
DOSS MAGDY
955 53RD ST. E.
BRADENTON, FL. 34208

TITLE **V** DELETE
NAME **DOSS, MAGDY**
STREET ADDRESS **1 WINDRUSH BLVD., #87**
CITY-ST-ZIP **INDIAN ROCKS BEACH FL 34635**

V Change Addition
DOSS MAGDY
955 53RD ST. E.
BRADENTON, FL. 34208

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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: **X MAGDY, DOSS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

(941) 723-1700

Daytime Phone #

CR2E034 (12/95)