

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90073 004 ***150.00

DOCUMENT # P95000041418

1. Corporation Name
LUKE'S AMOCO, INC.

Principal Place of Business
1155 WEST PIPKIN ROAD
LAKELAND FL

Mailing Address
1155 WEST PIPKIN ROAD
LAKELAND FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1995

4. FEI Number
59-3320906

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 owes the current year Intangible
Personal Property Tax. *Only 1998 due* ☐ Yes ☐ No

2. Principal Place of Business

21 Same as above
Suite, Apt. #, etc.

2a. Mailing Address

26 Same as above
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

24 33811 25 Polk

28 Zip

Country

29 33811 30 Polk

9. Name and Address of Current Registered Agent

HORNSBY, KIMBERLY
1155 WEST PIPKIN ROAD
LAKELAND FL

Name change
for current
agent.
Same person
got married

10. Name and Address of New Registered Agent

81 Name Kimberly S. Clark
82 Street Address (P.O. Box Number is Not Acceptable)
2716 Medulla Rd
83
84 City Lakeland FL 85 Zip Code 33811

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 *Kimberly S. Clark*

Kimberly S. Clark

2-19-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME KIRKLAND, CAROLYN S
STREET ADDRESS 2716 MEDULLA ROAD
CITY-ST-ZIP LAKELAND FL 33811

TITLE D ☐ DELETE
NAME KIRKLAND, LUKE M
STREET ADDRESS 2716 MEDULLA ROAD
CITY-ST-ZIP LAKELAND FL 33811

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE *John M. Kirkland*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-99

Date

Daytime Phone #

CR2E034 (11/98)

0434168