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PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-7IF



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 07 1997 8:00am

Secretary of State

DOCUMENT # P95000043631 (7)

SEABOARD USED OIL SERVICES, INC.

Principal Place of Business Mailing Address 1268 BLANDING BLVD. P. O. BOX 2394 **ORANGE PARK FL 32067** ORANGE PARK FL 32067-2394 3. Date Incorporated or Qualified 3a. Date of Last Report 06/06/1995 04/30/1996 2. Principal Place of Business 2a. Mailing Adding 4. FEI Number Applied For 59-3328398 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Žψ Country 8. This corporation has liability for intangible tax under s. 199.032, 29 Florida Statutes ∏ No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BUSCHMAN, ALBERT E JR. Name 2215 S. 3RD ST. Street Address (P.O. Box Number is Not Acceptable) SUITE 101 83 JACKSONVILLE BEACH FL 32250 84 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 agont, 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** Signature, typed or printed name of registered agent and little it applicable (NOTE Registered Agent signature required when relistating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 🔲 DELETE 1.1 IIILE Change Addition NAME **DEARWENT. DALE A** 1.2 NAME 7120 ZONA AVE. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32211 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME **DEARWENT, JOETTA F** 2.2 NAME 7120 ZONA AVE. STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32211 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY - ST- ZIP 4.4 CITY - ST - ZIE DELETE Change TITLE 5.1 THLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 61 100 F Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not quality 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. D-22 97