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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000051740 (5) DOCUMENT #

APPROVED AND FILED

1996 MAY -1 PH 12: 52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| BRANDON CHEVRON INC. | | | |
|---|-------------------------------------|---|--|
| Principal Place of Business | Mailing Address | | |
| 705 W BRANDON BLVD BRANDON FL 33511 | 2201 GADWALL CT VALRICO FL 33594 | | |
| • | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 06/29/1995 |
| 2. Principal Place of Business | 2a. Maling Address | | 4. FEI Number 2 2017 Applied For |
| 21 | 26 | ,,, | 6 20 0) \$ / \$ C Not Applicabl |
| Suite, Apt. #, etc. | Suite, Apt. #, etc | | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| 22 | Gity & State | | 6. Election Campaign Financing \$5.00 May Be |
| City & State | 28 | | Trust Fund Contribution Added to Fees |
| Zip Country | Zıçı | Country | 8. This corporation has liability for intangible tax under s. 199.032, |
| 24 25 | 29 | 30 | Florida Statutes Yes Tho |
| 9. Name and Address of Cu | rrent Registered Agent | Dal Ninos | 10. Name and Address of New Registered Agent |
| | | 81 Name | |
| YOUNIS, PIERRE | | 82 Street Add | tress (P.O. Box Number is Not Acceptable) |
| 2201 GADWELL CT VALRICO FL 33594 | | 83 | |
| VALRICO FL 33594 | | | los Zu Codu |
| | | 84 City | FL 85 Ζιρ Code |
| 1 ** ** ** ** ** ** ** ** ** ** ** ** ** | AND DIRECTORS | ide Register (Agest syratus) revie 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | ☐ DELETE | 1 1 TATLE | Change Addition |
| NAME Piere louris STREET ADDRESS 2201 Gadwell Ct | | 1.2 NAME | |
| 0 1121 11221200 | AU | 1.3 STREET ADDRESS | |
| CHY-SI-718 Valrico FL 335 | T DELFTE | 1 4 C-1Y ST - ZIF 2 1 Ti*LE | Change Addition |
| NAME | Land | 2.2 NAMC | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2 4 CITY - ST - ZIP | |
| TUTLE | □ DELETE | 3 F1012F . | Change Addition |
| NAME | | 3 2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS 3.4 City - St. Zip | 100001820931 |
| TITLE | ☐ DELETE | 4 1 TiT; E | D5/14/3GC[1)1843eC[1]84ditio |
| NAME | _ | 4.2 NAME | ****200.00 ****208. 0 0 |
| STREET ACORESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CH y - ST - ZIP | |
| TITLE | ☐ DELETE | 5 1 TITLE | Change Additio |
| NAME | | 5 2 NAME | |
| STREET ACCINESS | | 5.3 STREET ADDRESS | |
| City-ST-ZIP TITLE | DEVELE | 5.4 CI7Y - S1 - ZIP 6.1 TITLE | Change Additio |
| NAME | | 62 NAME | |
| STREET ADORESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | APAIL VIII | 6 4 CITY - ST - ZIP | BCC 5-1-96 |

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 607. Florida Statutes; and that my name appears in Block 13 if charged, or on an attachment with an address. LUL HUULD RE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytone Phone #