

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

FILED

Mar 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000066501 (4)

1. Corporation Name

LEESBURG TEXACO GAS STATION CORPORATION

Principal Place of Business

1417 SOUTH 14TH STREET
LEESBURG FL

Mailing Address

725 N MAGNOLIA AVE
ORLANDO FL 32803-3808
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 729 Secret Harbor Lane
Suite, Apt. #, etc.

27 City & State

28 Lake Mary, FL

29 Zip

30 Country

32746

9. Name and Address of Current Registered Agent

STONE, STEPHEN M
725 NORTH MAGNOLIA AVENUE
ORLANDO FL 32803

3. Date Incorporated or Qualified

08/28/1995

3a. Date of Last Report

03/25/1996

4. FEI Number

59-3331495

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 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

(Signature of typewritten name of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when revalidating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	RADFAR, FARIDEH	
STREET ADDRESS	634 LOGGERHEAD DR	
CITY, ST, ZIP	SATELLITE BCH FL	
TITLE	VD	☐ DELETE
NAME	KALHOR, MOHAMAD	
STREET ADDRESS	5284 CHESWICK CIRCLE	
CITY, ST, ZIP	ORLANDO FL	
TITLE	TD	☐ DELETE
NAME	POUSHAN, RAY	
STREET ADDRESS	720 SECRET HARBOR LANE - 646 WHITTINGHAM PL	
CITY, ST, ZIP	LAKE MARY FL	
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

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	☐ Change ☐ Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	☐ Change ☐ Addition
31 TITLE	
32 NAME	
34 CITY-ST-ZIP	☐ Change ☐ Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	☐ Change ☐ Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	☐ Change ☐ Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352
3-25-97 904-728-5388

CR2E034 (9/96)