## 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

## DOCUMENT # P95000069744

1. Corporation Name

J & M OIL, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

21

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CK# 4677

Principal Place of Business	Mailing Address	
023 SUEMAR DRIVE DUNEDIN FL 34698	1023 SUEMAR DRIVE Dunedin Fl 34698	

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2a. Mailing Address

Suite, Apt. #, etc.

## FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90049 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

Applied For

\$8.75 Additional

Fee Required

Not Applicable

09/11/1995 4. FEI Number

59-3337614

5. Certificate of Status Desired

City & State	City & State Cit		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	ip Country		8. This corporation owes the current year		_	
24	25		30		Personal Property Tax.		□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent		
BOLL	TZOLIKAO MIOUATI E		81	Name	•			
BOUTZOUKAS, MICHAEL E 704 WEST BAY STREET			82					
IAM	PA FL 33606		83					
			84	City		85 Zip C	ode	
				•		FL  '''  '		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above	e-named corp	oration submits this statement for the purpose	of changing its	registered	
office or re agent. I as	egistered agent, or both, in the State of m familiar with, and arcept the obligation	ris of Section 677.0505, Florid	da Statutes		oration submits this statement for the purposion's board of directors. I hereby accept the ap	rpominimont as reg f	,	
SIGNATURE	//// / / // / / // // // // // // // //	Salling			2/13/	99		
SIGNATURE	Signature, typed or printed name of registered agent			t signature require	d when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			Change		
NAME	PALLAS, JAMES		1.2 NAME					
STREET ADDRESS	1023 SUEMAR DRIVE	_		ADDRESS			İ	
CITY-ST-ZIP	DUNEDIN FL 34698			T-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	VLAMAKIS, MICHAEL		2.2 NAME					
STREET ADDRESS	V.		2.3 STREET	ADDRESS	<del>-</del>		ļ	
CITY-ST-ZIP	CLEARWATER FL 34625		2. 4 CITY-S	T-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STRÉET	ADDRESS			İ	
CITY-ST-ZIP			3.4. CITY-S	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAME	-				
STREET ADDRESS			4.3 STREET	ADDRESS		-		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE	}		Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS			Ì	
CITY-ST-ZIP			6.4 CITY-ST	T-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

SIGNATURE: