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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # *945000079071*

1. Corporation Name

Chet & Mike's Shell Station, Inc.

Principal Place of Business

Mailing Address

*1140 MASON AVENUE
DAYTONA BEACH, FL 32117*

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

*MICHAEL D. LAGANA
1140 MASON AVE.
DAYTONA BEACH, FL 32117*

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 607.0506, Florida Statutes.

SIGNATURE

Michael D. Lagana

Date of Signature (Month/Day/Year)

5/11/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME *CHAIRMAN*

STREET ADDRESS *NANCY J. LAGANA*

CITY-ST-ZIP *24 SAN CARLOS DRIVE*

PALM COAST FL 32137

TITLE ☐ DELETE

NAME *LOREINE LAGANA*

STREET ADDRESS *24 SAN CARLOS DR.*

CITY-ST-ZIP *PALM COAST FL 32137*

TITLE ☐ DELETE

NAME *VP*

STREET ADDRESS *CHESTER F. LAGANA*

CITY-ST-ZIP *1217 PAGANO CT.*

PORT ORANGE, FL.

TITLE ☐ DELETE

NAME *VP*

STREET ADDRESS *MICHAEL D. LAGANA*

CITY-ST-ZIP *1217 PAGANO CT.*

PORT ORANGE FL.

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-ST-ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY-ST-ZIP

37. TITLE

38. NAME

39. STREET ADDRESS

40. CITY-ST-ZIP

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 supplement 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, 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

Nancy J. Lagana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY J. LAGANA

5-10-96

904-446-1097

DATE

PHONE #

CR2E034 (12/95)

94546