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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of \$tate DIVISION OF CORPORATIONS

1996

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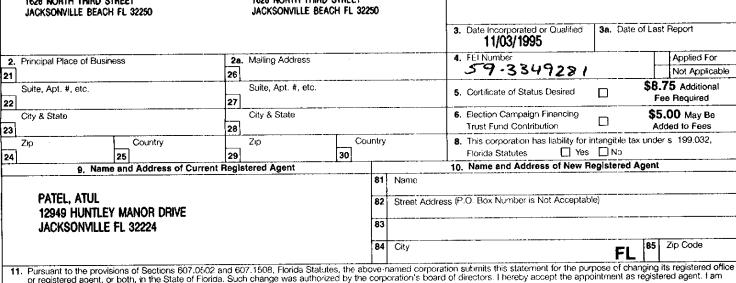
DOCUMENT #

JAX BEACH EXXON, INC. Principal Place of Business

1628 NORTH THIRD STREET

Mailing Address

1628 NORTH THIRD STREET



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.

CIONISTUDE			
SIGNATURE _	Signature, typed or printed name of registered agent and title if applicable. (NOTE: I	Registered Agent signature re	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PRESIDENT DELETE	1. 1 TITLE	☐ Change ☐ Addition
NAME	ATUL PATEL	1,2 NAME	
STREET ADDRESS	12949 HUNTLEY MANOR DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	1.4 CITY-ST-ZIP	
TITLE	DELETE	2. 1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETÉ	3. 1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	DELETE	4. 1 TITLE	Change Addition
NAME		4 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5 1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 C(1Y - S1 - Z(P	
TITLE	DELETE	6. 1 TITLE	3000017532dd age Addition
NAME		6.2 NAME	-03/21/9601089027
STREET ADDRESS		6.3 STREET ADDRESS	***200.00
CITY-ST-ZIP		6 4 CITY - ST - 7IP	14 A. the complex stated in Contine 110 07/20/10 Elocide Statutes I further

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)(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 eath; that I am an officer or director of the comperation or the receiver further 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 only attaction address.

SIGNATURE: SIGNATURE AND TYPEO OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Davinie Pnone #