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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000086914

STONEY'S SERVICE STATION, INC.

Principal Place of Business	Mailing Address
4167 LAFAYETTE STREET MARIANNA FL 32446	4167 LAFAYETTE STRE MARIANNA FL 32446

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90149 030 ***150.00



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Principal Place of Business Mailing Address									
4167 LAFAYETTE STREET 4167 LAFAYETTE STREET MARIANNA FL 32446 MARIANNA FL 32446		T			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 11/13/1995	,		
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address				4. FEI Number		Ar	oplied For
21		26				59-3347581			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional equired
City & State	е	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Zip 29	Cou	intry		This corporation owes the cur- Personal Property Tax.	ent year In	ntangible XYes	□No
	9. Name and Address of Curre					10. Name and Address of New	Registered	i Agent	***
				81	Name				
BONDURANT, FRANK E 4450 LAFAYETTE STREET			82	Street Addre	ess (P.O. Box Number is Not Accept	able)		-	
MAR	RIANNA FL 32446			83				•	
								0g 7in	Code
				84	City	•	F	L 85 Zip	Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was	s autnorized	ז עס נ	tne corporatio	oration submits this statement for the on's board of directors. I hereby acce	purpose o pt the appo	ointment as re	egistered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NC		Agent	signature required	d when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS A		Addition
TITLE	D	☐ DELETE	1.1 TI					Change	
NAME	ADKINS, STONEY T		1.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	MARIANNA FL 32446	☐ DELETE		ITY-ST	-ZIP			Change	Addition
TITLE	D		2.1 Π					onungo	_,,,,,,,,,,
NAME	ADKINS, LINDA S		2.2 N						ſ
STREET ADDRESS					ADDRESS				1
CITY-ST-ZIP	MARIANNA FL 32446	□ DELETE	2.4 C	7TY-\$1	r-ZIP			Change	Addition
TITLE			3.2 N						
NAME					ADORESS	•			
STREET ADDRESS				:ITY-81		••			-
CITY-ST-ZIP TITLE		☐ DELETE	3.4. C		1-711.			Change	Addition
NAME			4.21						
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP			4.4 C	ITY-ST	· ZIP				Į.
TITLE		☐ DELETE	5.1 17					Change	☐ Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP			5.4 C	ITY-\$1	-ZIP				
TITLE		☐ DELETE	6.1 TI	TLE				Change	☐ Addition
NAME			6.2 N	AME					
CTREET ANNOESS			6.3 S	TREET	ADDRESS				ļ

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 chapter for on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP