

FILED

May 06, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000091653 1. Entity Name FRUITVILLE TEXACO OF SARASOTA, INC.	
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Principal Place of Business 65 EAST ROAD SARASOTA, FL 34240	Mailing Address 65 EAST ROAD SARASOTA, FL 34240
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04242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FE Number 65-0632200	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STOTTLEMEYER, STEVE 65 EAST ROAD SARASOTA, FL 34240	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when name change)
Print name, title and address of registered agent and firm, if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOTTLEMEYER, STEVE 65 EAST ROAD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOTTLEMEYER, THERESA 65 EAST ROAD SARASOTA, FL 34240
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06/03/08-80028-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steve W. Stottlemyer **4-29-08 941-377-7262**
PRINT NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR Date Duplicate Phone #