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Jul 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000000063 (3)

1. Corporation Name

ALL - TIMES DIESEL SERVICE, INC.



Principal Place of Business

Mailing Address

ROUTE 1, BOX 875
CALLAHAN FL 32011
US

P. O. BOX 312
CALLAHAN FL 32011-0312
US

2. Principal Place of Business

2a. Mailing Address

21 5192 West S.R. 200

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

27 City & State

23 Callahan FL

28 City & State

24 Zip

29 Zip

24 32011

29 32011

25 Country

29 Country

25 USA

29 USA

9. Name and Address of Current Registered Agent

LYNCH, NORMAN E
406 S 3RD ST
JACKSONVILLE FL 32250

3. Date Incorporated or Qualified

12/22/1995

3a. Date of Last Report

04/16/1996

4. FEI Number

APPLIED FOR 59-3396544

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HINTON, MICHAEL L
STREET ADDRESS ROUTE 1, BOX 671
CITY-ST-ZIP CALLAHAN FL 32011

TITLE VP ☒ DELETE

NAME SHAFFER, JIMMY R
STREET ADDRESS ROUTE 1, BOX 670
CITY-ST-ZIP CALLAHAN FL 32011

TITLE ST ☒ DELETE

NAME HINTON, JANELLE
STREET ADDRESS ROUTE 1, BOX 875
CITY-ST-ZIP CALLAHAN FL 32011

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P ☒ Change ☒ Addition

12 NAME Hinton, Mollie L.
13 STREET ADDRESS 1129 Old Dixie Hwy
14 CITY-ST-ZIP Callahan FL 32011

21 TITLE V.P. ☒ Change ☐ Addition

22 NAME Hinton, Michael L.
23 STREET ADDRESS 6995 Sinter Bay Ln
24 CITY-ST-ZIP Callahan, FL 32011

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Signature of Michael L. Hinton, dated 7-14-97, 9668246112

CR2E034 (9/96)