

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 21 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 # P96000017956 (9)**

1. Corporation Name:  
**ALL-AMERICAN PETROLEUM & SERVICES, INC.**



Principal Place of Business: **343 DENNARD AVENUE JACKSONVILLE FL 32254**  
Mailing Address: **343 DENNARD AVENUE JACKSONVILLE FL 32254-3401**

3. Date Incorporated or Qualified: **02/26/1996**      3a. Date of Last Report  
4. FEI Number: **59-3373140**      Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business:  
21 State, Apt. #, etc.  
22 City & State  
23 Zip      Country  
24      25      29      30

9. Name and Address of Current Registered Agent:  
**HOLLOWAY, EDWARD D  
343 DENNARD AVENUE  
JACKSONVILLE FL 32254**

10. Name and Address of New Registered Agent:  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code: **FL**

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: **EDWARD D. HOLLOWAY**      **PRESIDENT**      DATE: **3-11-97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

11.1 TITLE	<b>PSD</b>	<input type="checkbox"/> DELETE
11.2 NAME	<b>HOLLOWAY, EDWARD D</b>	
11.3 STREET ADDRESS	<b>343 DENNARD AVENUE</b>	
11.4 CITY - ST - ZIP	<b>JACKSONVILLE FL 32254</b>	<input type="checkbox"/> DELETE
11.5 TITLE		<input type="checkbox"/> DELETE
11.6 NAME		
11.7 STREET ADDRESS		
11.8 CITY - ST - ZIP		<input type="checkbox"/> DELETE
11.9 TITLE		<input type="checkbox"/> DELETE
11.10 NAME		
11.11 STREET ADDRESS		
11.12 CITY - ST - ZIP		<input type="checkbox"/> DELETE
11.13 TITLE		<input type="checkbox"/> DELETE
11.14 NAME		
11.15 STREET ADDRESS		
11.16 CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 included 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: **Edward D. Holloway**      DATE: **3-11-97**      TELEPHONE: **389-4800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)