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

:32 PROFIT. CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000017956

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

1999

ALL-AMERICAN PETROLEUM & SERVICES, INC.

}					
Principal Place of Business Mailing Address			-		
343 DENNARD AVENUE 343 DENNARD AVENUE JACKSONVILLE FL 32254 JACKSONVILLE FL 32254					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
ļ					02/26/1996
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26					59-3373140 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing S5.00 May Be
23 28					Trust Fund Contribution Added to Fees
Zip	Country 25	Zip 3	Coun	try	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No -
					10. Name and Address of New Registered Agent
				81 Name	
HOLLOWAY, EDWARD D			-	82 Street	Address (P.O. Box Number is Not Acceptable)
343 DENNARD AVENUE				0	, reduced (1 to . Son tellinosis to tellinos
JACKSONVILLE FL 32254			Ī	83	
			ŀ	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatung) DATE					
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	☐ DELETE	1.1 TITL	E	☐ Change ☐ Addition
NAME	HOLLOWAY, EDWARD D		1 2 NAM	ΙĖ	
STREET ADDRESS	O LO DESISTADO ANTAULE		1.3 STR	EET ADORESS	'
CITY-ST-ZIP	JACKSONVILLE FL 32254		1.4 CITS	-ST-ZIP	
TITLE		☐ DELETE	2.1 TITL		, Change Addition
NAME			2.2 NAN	NE .	†
STREET ADDRESS			2.3 STR	EET ADDRESS	
CITY-ST-ZIP			2. 4 CIT	Y-ST-ZIP	
TITLE	☐ DELETE 3.1 TI		3.1 TITL	E	. Change Addition
-NAME			3.2 NAM	E	
STREET ADDRESS			3.3 STR	EET ADDRESS	
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP	
TITLE		☐ DELETE	4,1 TITL	E	☐ Change ☐ Addition
NAME		:	4. 2 NA	Æ	
STREET ADDRESS			4.3 STR	EET ADDRESS	
CITY-ST-ZIP		1	4.4 CITY	-ST-ZIP	

14. I 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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE: EDWARD D. CHOLLOWAY REQU

DELETE

□ DELETE

Change

Change

☐ Addition

Addition

FILED

Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90170 005 ***150.00