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FILED

May 07 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 # **P96000027352 (9)**

1. Corporation Name

**WINTER PARK FUEL COMPANY, INCORPORATED**

Principal Place of Business

Mailing Address

**2998 MOORE DRIVE  
OVIEDO FL 32785**

**2998 MOORE DRIVE  
OVIEDO FL 32785-9453**



3. Date Incorporated or Qualified

3a. Date of Last Report

**03/27/1996**

2. Principal Place of Business

2a. Mailing Address

21 **101 Geneva Drive**

26 **P O Box 622316**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Oviedo, FL**

28 **Oviedo, FL**

Zip

Country

Zip

Country

24 **32765**

25 **Seminole**

29 **32762**

30 **Seminole**

4. FEI Number

Applied For

**59-3371666**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KATZ, LAWRENCE H  
341 N. MAITLAND AVENUE  
SUITE 120  
MAITLAND FL 32751**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **President, Director** ☐ DELETE  
NAME **Richard A. Harrison**  
STREET ADDRESS **2383 Beverly Street**  
CITY-ST-ZIP **Oviedo, FL 32765**

1.1 TITLE **Vice President** ☐ Change ☒ Addition  
1.2 NAME **Charles Fitzmorris**  
1.3 STREET ADDRESS **2383 Beverly Street**  
1.4 CITY-ST-ZIP **Oviedo, FL 32765**

TITLE **Secretary/Treasurer** ☐ DELETE  
NAME **Carrie Mae Harrison & Director**  
STREET ADDRESS **2383 Beverly Street**  
CITY-ST-ZIP **Oviedo, FL 32765**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

**Carrie Mae Harrison**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CARRIE MAE HARRISON**

**4-28-97**

Date

**407-644-3997**

Daytime Phone #

CR2E034 (9/96)