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

**PROFIT
CORPORATION
ANNUAL REPORT
1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

**FILED
Apr 26, 1999 8:00 am
Secretary of State**
04-26-1999 90140 025 ***150.00

DOCUMENT # P96000041993

1. Corporation Name

MARINE FUEL CLEANING, INC.

Principal Place of Business	Mailing Address
P O BOX 9181	~~520 COMMERCE DRIVE~~ P.O. BOX 9181
2727 LAGOON KNOLL DR	2727 LAGOON KNOLL DR
PANAMA CITY FL 32417	PANAMA CITY FL ~~32408~~ 32417
US	US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 2727 Lagoon Knoll Drive
22 Suite, Apt. #, etc.
23 City & State: Panama City Beach FL
24 Zip: 3241
25 Country

2a. Mailing Address
26 P.O. Box 9181
27 Suite, Apt. #, etc.
28 City & State: Panama City FL 32417
29 Zip: 32417
30 Country

3. Date Incorporated or Qualifed
05/10/1996

4. FEI Number
59-3377954
Applied For
Not Applicable

5. Certifcate 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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~SMITH, AUSTIN J~~
~~2727 LAGOON KNOLL DR~~
P O BOX 9181
. PANAMA CITY FL 32417

10. Name and Address of New Registered Agent

81 Name Jeffrey L. Smith
82 Street Address (P.O. Box Number is Not Acceptable) 2727 Lagoon Knoll Drive
83 P.O. Box 9181 (32417)
84 City Panama City FL 85 Zip Code 32417

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 _Jeffrey L. Smith_ _Jeffrey L. Smith_ DATE 4-22-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, AUSTIN J	1.2 NAME	
STREET ADDRESS	P O BOX 9181, 2727 LAGOON KNOLL DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32417	1.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, JEFFREY L	2.2 NAME	
STREET ADDRESS	P O BOX 9181, 2727 LAGOON KNOLL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32417	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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.

SIGNATURE: _____ 4-22-99 (850) 866-7970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #