## FILE NOW: FILING FEE/AFTER MAT IST IS

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # **P96000046342**1. Corporation Name

MOBILE MARINE FUELING, INC.

Principal Pla	ce of Business	Mailing Address		t feltings som ville Beitt Batte ann itt i	1901 21219 91129 1111 91219 1121 1191	
800 SEAGATE DRIVE 800 SEAGATE DRIVE						
STE 202 STE 202 NAPLES FL 33940 NAPLES FL 33940				DO NOT WRITE IN THIS SPACE		
MAPLES FL 33940 NAPLES FL 33940				3. Date Incorporated or Qualifed		
ĺ				05/30/1996		
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 6058 Everett Street		26 6058 Everett Street		65-0666918	Not Applicable	
Suite, Ap		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22		27				
City & Sta		City & State	· wida	*8. Election Campeign Financing Trust Fund Contribution		
	Les, Florida Country	28 Naples, Flo	Country			
Zip			USA	Personal Property Tax.	☐Yes ☐No	
24 3411	9. Name and Address of Current		<u>,                                     </u>	10. Name and Address of New Registe	red Agent	
	, , , , , , , , , , , , , , , , , , , ,		B1 Name			
KLAIBER, KIM M			20 Chart A	Raldwin, Dollg reel Address (P.O. Box Number is Not Acceptable)		
800 SEAGATE DRIVE			82 Street Address (P.O. Box Number is Not Acceptable) 6058 Everett Street			
STE 202			83	NAGIECE MILEEL		
1	PLES FL 33940					
			84 City		FL 85 Zip Code 34112	
Continue on 20503 and 502 1508 Storida Standard the showenshim						
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 of 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, am farfiller with, and accept the obligations 0, Section 607.0505, Plorida Statutes.						
agent. I am rathillar with, and accept the Soligations of Section 607.0505, Pronda Statutes.						
SIGNATUR	Sagardra, troped or printed helps of logistered agent	and bille if applicable. (NOTE: R	gistered Agent Signature requ	uired when reinscaling) OAT		
12.		DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	5 AND DIRECTORS IN 12	
TITLE	VP -	atajao <b>xi</b> k	1.1 TITLE	President	S AND DIRECTORS IN 12  Change MAddition	
NAME	KLAIBER, KIM M		12 NAME	Baldwin, Doug	<u> </u>	
STREET ADDRES			1.3 STREET ADDRESS	6058 Everett Street	ಟ್ರ	
CITY-ST-ZIP	NAPLES FL		1.4 CRY-51-ZIP	Naples, Florida 3411	2 3	
TITLE	D	XXDELETE.	21 TTILE	_	Change Addition O	
NAME	KLAIBER, KELLY L		2.2 NAME		Ļ	
STREET ADDRESS	800 SEAGATE DRIVE		2.3 STREET ADDRESS			
CITY-S1-ZIP	NAPLES FL 33940		2.4 CITY-ST-ZIP		Change Addition	
TITLE	P	XXDELETE	3.1 TITLE	. , <del>-</del>	☐ Change ☐ Addition	
NAME	BROOKS, KENNETH		3.2 NAME			
STREET ADDRESS			33 STREET ADDRESS	-	Ì	
CITY-ST-ZIP	BONITA SPRINGS FL		3.4, CITY-ST-ZIP		Change - Addition	
TITLE	D = ==================================	X2 DELETE	"4,1 TITLE		Cite da   Necessa	
NAME	BROOKS, KATHY		4.2 NAME		1	
STREET ADDRESS	27165 EDENBRIDGE COURT		4.3 STREET ADDRESS		<i>-</i> .	
CITY-ST-ZIP	BONITA SPRINGS FL 33923		4 4 CTTY-ST-ZIP		☐ Change ☐ Addition	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME	1		5.2 NAME			
STREET ADDRES	s		5.3 STREET ADDRESS			
CITY-ST-ZIP	_		5.4 CITY-ST-ZIP			
TITLE		DELETE	61 TILE		Change Addition	
1	1		6.2 NAME		1	

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 medo under ceth; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if Chapter 807 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90011 007 \*\*\*158.75