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

**PROFIT** CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000068768 (6)

## **OIL EATERS CORPORATION**

Principal Place of Business

Mailing Address

4000 GW TTU AVENUE

## **FILED** Apr 29 1997 8:00am Secretary of State



CAPE OORAL FL 33914		CAPE CORAL FL 33914-6439							
			-			3. Date Incorporated or Qualified 08/15/1996	3a. Date	of Last f	teport
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				65-0695379			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		<b>-</b>	Additional
22	<b></b>	27				Di commune di change decired			equired
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zφ	Co	untry	,	8. This corporation has liability for i	ntangible ta	x under :	. 199.032,
24	25	29	30				Yes 🗌		
	9. Name and Address of Curren	t Registered Agent		81	Γ	10. Name and Address of New Re	gistered Ag	ent	
JENNINGS, MARY					Name				
4606 SW 7TH AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)					
CAPE	CORAL FL 33914								
				83					
				84	City		P** 1	<b>85</b> Zip	Code
				ļ	l		FL		
office or re agent. I ar	io the provisions of Sections 607,050 ogistered agent, or both, in the State in familiar with, and accept the obligation in the control of	of Florida, Such change wat ations of, Section 607,0505, I	uies, the s authoriz Florida St	ed by atutes	the corporal s.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of c it the appoi	nanging ntiment a:	registered
SIGNATURE	Signalure, typed or printed name of registered app	nt and title if soul calds (All	OTE Bookers	od Aor	not eigustuto togui	ired when reinstalling)	DATE		
12.	OFFICERS AN		13		and signature requi	ADDITIONS/CHANGES TO OFFIC		DIRECTO	
TITLE	Paul Jennings	DELFTE		inte		7.001110110,01111100010 10 01110	<del></del>	Change	Addition
NAME	President		1.2	NAME				_	-
STREET ADDRESS	4606 SW 7th Avenue		1.3	STREET	I ADDRESS				
CITY-ST-ZIP	Cape Coral, FL 33	01/	14	CITY-S	ST - 71P				
TITLE		☐ DELETE		TITLE				Change	Addition
NAME	Mary Jennings Vice President		2.2	NAME	1				
STREET ADDRESS			2.3	STREET	ADDRESS				
CITY-ST-ZIP	4606 SW 7th Avenue		2.4	CITY-	\$1-ZIP				
TITLE	-Cape Coral, FL 33	DECETE		TITLE				Change	Addition
NAME			3.7	NAME					
STREET ADDRESS	÷		3.3	STREET	I ADORESS				
CITY-ST-ZIP			3.4.	CITY-	\$1-ZIP				
TITLE		☐ DELETE	4.1	TITLE				Change	Addition
NAME			4.2	NAME					
STREET ADDRESS			4.3	STREET	I ADDRESS				
CITY-ST-ZIP			4.4	CITY - S	5T - Z(I <sup>2</sup>				
TALE		DELETE	5.1	TITLE				_) Change	Addition
NAME			5.2	NAME					
STREET ADDRESS			5.3	STREET	I ADDRESS				
CITY-ST-ZIP			5.4	CHY-S	ST - ZIP				
TITLE		DELETE	6.1	TITLE			L	Change	Addition
NAME			6.2	NAME					
STREET ADDRESS			6.3	STREET	ADDRESS,				
CITY-ST-ZIP				CITY-S					
Informatio I am an of	n indicated on this annual report or s	supplemental annual report is the receiver or trustee empe	s true and owered to	accu	urate and that	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega rt as required by Chapter 607, Florida S	I effect as if	made u	rider oath; tha