

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 90102 047 \*\*\*150.00

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1. Corporation Name

STREICHER MOBILE FUELING, INC.



Principal Place of Business

2720 NW 55 COURT  
FT LAUDERDALE FL 33309  
US

Mailing Address

2720 NW 55 COURT  
FT LAUDERDALE FL 33309  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1996

4. FEI Number

65-0707824

Applied For

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 644 S.E. 4 Avenue

27 Suite, Apt. #, etc.

28 FORT LAUDERDALE, FL

29 33301 30 USA

9. Name and Address of Current Registered Agent

GOLDEN, SCOTT E. E  
644 S.E. 4 AVE.  
FORT LAUDERDALE FL 33301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPS  
NAME STREICHER, STANLEY H.  
STREET ADDRESS 2720 N.W. 55 COURT  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE D  
NAME MURPHY, JOSEPH M  
STREET ADDRESS 900 N FEDERAL HWY SUITE 480  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE D  
NAME O'NEIL, JR J  
STREET ADDRESS 601 BRICKELL KEY DRIVE, SUITE 901  
CITY-ST-ZIP MIAMI FL 33131

TITLE D  
NAME L REAMES, L PHILLIPS  
STREET ADDRESS 3340 PEACHTREE RD SUITE 450  
CITY-ST-ZIP ATLANTA GA 30326

TITLE D  
NAME GOLDEN, E SCOTT  
STREET ADDRESS 644 S E 4TH AVE  
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE T  
NAME BARRETT, WALTER B  
STREET ADDRESS 2720 NW 55 COURT  
CITY-ST-ZIP FT LAUDERDALE FL 33309

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME STEVEN ALFORD  
1.3 STREET ADDRESS 2720 N.W. 55TH COURT  
1.4 CITY-ST-ZIP FORT LAUDERDALE, FL. 33309

2.1 TITLE  
2.2 NAME TIM KOSHOLLER  
2.3 STREET ADDRESS 2720 N.W. 55TH COURT  
2.4 CITY-ST-ZIP FORT LAUDERDALE, FL. 33309

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

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

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

6.1 TITLE VT  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 a different like empowered.

SIGNATURE: *Walter B. Barrett* Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99 954-739-3880  
Date Daytime Phone #

CR2E034 (11/98)