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

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000001222 (3)

BELLEAIR AMOCO, INC.

## **FILED** May 12 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address			Transport the same same same same same same mana mana mana mana
1495 BELLEAIR ROAD 1495 BELLEAIR ROAD CLEARWATER FL 34616 CLEARWATER FL 34616					
CLEANWAIEN	1 PL 34010	CLEARWATER FL 34616			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					01/07/1997
	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21 1495 BELLEAIR ROAL		26 1495 BELLEAIR ROAL		$\Delta ac$	59-3426987 Not Applicable
Suite, Apt	#, BIC.	Suite, Apt. #, etc.			5. Certificate of Status Desired
City & State	A	City & State			
23 CLEARWATER, FL		28 CLEARWATER, FL			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country		Zip Country			8. This corporation owes or has paid the current year Intangible
24 337	5 6 25	29 33756	30		Personal Property Tax due June 30. Yes No
	g. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
	HULTZ, CHARLES D		81	Name	
	95 BELLEAIR ROAD		82	82 Street Address (P.O. Box Number is Not Acceptable)	
CLI	EARWATER FL 34616				
			63		
			84	City	85 Zip Code
	40 6 007.050				
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State (	of Florida, Such change was au	s, the above thorized by	the corpoi	orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent Lar	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	ida Statutes		
SIGNATURE	Signature, typed or printed name of registered ager	MOTE (MOTE	Reciplered Age	or eignature re-	equired when reinstaling) DATE
12.	OFFICERS AND		13.	il signatore rec	ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	SCHULTZ, CHARLES D		1.2 NAME		
STREET ADDRESS	1495 BELLEAIR ROAD		1.3 STREET	address /	1495 BELLEAIR ROALD
CITY-ST-ZIP	CLEARWATER FL 34616		1.4 CITY-S1	r- ZIP (	CLEARWATER, FL 33756
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	SCHULTZ, ROBIN A		2.2 NAME		
STREET ADDRESS	1495 BELLEAIR ROAD		2.3 STREET		495 BELLEAIR ROAD
CITY-ST-ZIP	CLEARWATER FL 34616		2. 4 City-S	T-ZIP C	LEGRWATER, FL 33756
TITLE		☐ DELETE	3.1 TITLE		L] Change L] Addition
HAME			3.2 NAME		
STREET ADDRESS			3.3 STREET		
CITY-ST-ZIP		T_ DELETE	3.4 CITY-S	T-ZIP	Change Addition
TITLE		ניין טנננונ	4.1 TITLE 4 2 NAME		E oneile E vanitou
NAME CTOSTY ADDRESS			4 2 NAME 4.3 STREET	IDDAECT	
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-ST		
TITLE		☐ DELETE	5.1 TITLE	-211	Change Addition
NAME			5.2 NAME	1	
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST		
TITLE		DELETE	6.1 TITLE	<u> </u>	☐ Change ☐ Addition
NAME		****	6.2 NAME	1	_ · _
STREET ADDRESS			6.3 STREET	ADDAESS .	
CITY-ST-ZIP			6.4 CITY-ST	1	
44 I hereby c	ertify that the information supplied wit	h this filing does not qualify for	the evennt	ion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information
andicated of officer or o	on this annual report of supplemental director of the corporation or the recei	annual report is true and accur ever or trustee empowered to ex	rate and tha recute this r	it my signa eport as re	ature shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in
Block 12 c	or Block 13 if changed or on an attac	ment with an address.			, , , , , , , , , , , , , , , , , , ,