

2000 UNIFORM BUSINESS REPORT (UBR)

0417616

DOCUMENT # P97000017028
 1. Entity Name
PETROLEUM PACKERS OF JACKSONVILLE, INC.

FILED

00 MAY -9 PM 3:21

Principal Place of Business Mailing Address
 TALLEYRAND AVE 1601 MCCLOSKEY BLVD.
 JACKSONVILLE FL 32206-2639 TAMPA FL 33605-6731

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA




DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3437077** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BARKETT, KENNETH D
1601 MCCLOSKEY BLVD
TAMPA FL 33605

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD	<input type="checkbox"/>
NAME	BARKETT, HARRY J	
STREET ADDRESS	1601 MCCLOSKEY BLVD	
CITY-ST-ZIP	TAMPA FL 33605-6710	
TITLE	VPS	<input type="checkbox"/>
NAME	BARKETT, ANTHONY J	
STREET ADDRESS	1601 MCCLOSKEY BLVD	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	AS	<input type="checkbox"/>
NAME	BARKETT, KENNETH D	
STREET ADDRESS	1601 MCCLOSKEY BLVD	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	T	<input type="checkbox"/>
NAME	BARKETT, RICHARD A	
STREET ADDRESS	1601 MCCLOSKEY BLVD	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 ***3838.75 ***150.00

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 4/16/00 Daytime Phone #: (813) 248-1998

CR2E034 (9/99)