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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90029 032 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000090156

1. Corporation Name
12TH STREET GAS, INC.

Principal Place of Business
**4536 CLYDE MORRIS BLVD.
RM 3
PORT ORANGE FL 32119**

Mailing Address
**4536 CLYDE MORRIS BLVD.
RM 3
PORT ORANGE FL 32119**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1997

4. FEI Number
65-0790142

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
1301 Berille Road

2a. Mailing Address
1301 Berille Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 19

Unit 19

City & State

City & State

Daytona Florida

Daytona Florida

Zip

Zip

32119

32119

Country

Country

USA

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMENDOLAGINE, MICHAEL
4536 CLYDE MORRIS BLVD.
RM 3
PORT ORANGE FL 32119**

81 Name

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

1301 Berille Road

83 **Unit 19**

84 **Daytona Beach**

FL

85 Zip Code
32119

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
AMENDOLAGINE, MARILYN
4536 CLYDE MORRIS BLVD. RM 3
PORT ORANGE FL 32119**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**1301 Berille Road Unit 19
Daytona Florida 32119**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPV
AMENDOLAGINE, MICHAEL
4536 CLYDE MORRIS BLVD. RM 3
PORT ORANGE FL 32119**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**1301 Berille Road Unit 19
Daytona Florida 32119**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE: **Marilyn Amendolagine**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99
Date

904-322-0673
Daytime Phone #

CR2E034 (1/98)