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

DOCUMENT # P97000103161

Corporation Name

JOE'S GAS STATION, INC.

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90183 016 ***150.00



| 144 | | | | | <u> </u> | - 1 1001/001 118 1811/ 1001/ 001/ 001/ 00 | | | |
|----------------------|---|------------------------------------|-------------|--------------------|--|---|------------|--------------|--|
| Principal Place | e of Business | Mailing Address | | | | | | | |
| 6540 INDUSTRI | | 6540 INDUSTRIAL AVENUE | | | · · | | | | |
| PORT RICHEY FL 34668 | | PORT RICHEY FL 34668 | | | DO NOT WRITE IN THIS | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | 3. Date Incorporated or Qualifed | 017102 | | | |
| | | | | | 12/04/1997 | | , | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | App | lied For | |
| 21 | | 26 6204 KENNOLDS DEIVE | | 59-3489092 | | | Applicable | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. * | | | 5. Certificate of Status Desired \$8.75 Additional | | | | |
| 22 | | 27 | | | Fee Required | | | | |
| City & State | | City & State | | | 6. Election Campaign Financing \$5.00 May Be | | | | |
| 23 | | 28 BAYONET POINT, PU. | | | Trust Fund Contribution | | led to | Fees | |
| Zip | Country | - 241.1.1 - | Coufft 1 | 11<4 | 8. This corporation owes the current year into | | | No | |
| 24 | 25 | 29 59 66 / 30 | \vdash | <u> </u> | Personal Property Tax. | Yes | | A IND | |
| | 9. Name and Address of Current | t Registered Agent | - | Name | 10. Name and Address of New Registered | 4gent | | | |
| LITT | LE, THOMAS C | | | Name | | | | | |
| | B NE COACHMAN ROAD | | | 32 Street Ad | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| ŞUIT | | | Ļ | 12 | | | | | |
| | ARWATER FL 33765 | | | 33 | | | | | |
| CLE | ARWATER FE 33705 | | | 34 City | | 85 | Zip C | ode | |
| | | | | | rporation submits this statement for the purpose of | | | | |
| office or r | egistered agent, or both, in the State of m familiar with, and accept the obligati | of Florida. Such change was autho | orized t | by the corpora | ntion's board of directors. I hereby accept the appoin | ntment a | s reg | istered | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable (NOTF: Reg | istered Ac | ent signature regu | ired when reinstating) DATE | | | ··· | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS AN | D DIRE | CTOF | S IN 12 | |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | | Char | | Addition | |
| NAME | VENTURA, JOE | | 1 2 NAMI | E | | | | | |
| STREET ADDRESS | 6540 INDUSTRIAL AVENUE | | 1.3 STRE | ET ADDRESS | | | | | |
| CITY-ST-ZIP | PORT RICHEY FL 34668 | | 1.4 CITY | | | | | | |
| TITLE | , | ☐ DELETE | 2.1 TITLE | | | Char | nge | Addition | |
| NAME | | | 2.2 NAMI | F | | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | | | |
| ł | | | 2. 4 CITY | | | | | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 3 1 TITLE | | | ☐ Char | nge | ☐ Addition | |
| | | | 3.2 NAMI | | ٠. | _ | _ | | |
| NAME | | | | EET ADDRESS | | | | | |
| STREET ADDRESS | | | 3.4. CITY | | | | | - | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 4.1 TITLE | | | Char | nge | Addition | |
| NAME | | | 4. 2 NAM | | | _ | • | _ | |
| 1 | | | | EET ADDRESS | | | | | |
| STREET ADDRESS | | | 4.4 CITY | | | | | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 5.1 TITLE | | | Char | nge | Addition | |
| NAME | | | 5.2 NAME | | | _ | - | . — | |
| | | | | ET ADDRESS | • | | | | |
| STREET ADDRESS | | | 5.4 CITY- | | | | | | |
| CITY-ST-ZIP TITLE | | | 6.1 TITLE | | | Char | nge | Addition | |
| 1 | | _ beerie | 6.2 NAMI | Į | | _ + | 3- | | |
| NAME | | | | EET ADORESS | | | | | |
| STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY | -\$1-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:

LOSEPH VENTURA JE Date Day Dayline Phone #