

DOCUMENT # P98000004871

1. Corporation Name

TEXACO SERVICE CENTER, INC.

FILED
Feb 11, 1999 8:00 am
Secretary of State

02-11-1999 90015 050 ***158.75

Principal Place of Business 8807 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32809		Mailing Address 8807 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32809	
3. Principal Place of Business		2a. Mailing Address	
21. Sube, Apt. #, etc.	26. Sube, Apt. #, etc.	3. Date 01/	
22. City & State	27. City & State	4. FEE 54-2486800	
23. Zip	28. Zip	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25. Name and Address of Current Registered Agent GARCEZ, UBI 8807 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32809		7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No	
8. Name and Address of New Registered Agent		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. Zip Code	
11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent Signature Required when reappointing)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 12	
TITLE	PO	1.1 TITLE	☐ Change ☐ Addition
NAME	GARCEZ, UBI	1.2 NAME	
STREET ADDRESS	8807 SOUTH ORANGE BLOSSOM TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR25034 (1/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 as an appointment with an address, with all other like empowered.

SIGNATURE: _____

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/99 407-857-1700