

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000027253

1. Entity Name
PETROLEUM PACKERS OF JACKSONVILLE II, INC.



Principal Place of Business
1601 MCCLOSKEY BLVD
TAMPA, FL 33605

Mailing Address
1601 MCCLOSKEY BLVD
TAMPA, FL 33605

FILED

08 FEB 18 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02042008 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3500825

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARKETT, HARRY J
1601 MCCLOSKEY BOULEVARD
TAMPA, FL 33605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
BARKETT, ANTHONY
1601 MCCLOSKEY BLVD
TAMPA, FL 33605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
BARKETT, KENNETH
1601 MCCLOSKEY BLVD
TAMPA, FL 33605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
BARKETT, RICHARD
1601 MCCLOSKEY BLVD
TAMPA, FL 33605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/25/08--01042--001 **1100.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/08

813 278-1958