

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 # **P98000062522**

1. Corporation Name

**SOUTHERN TANK SERVICES, INC.**

Principal Place of Business

**1160 EASTPORT RD.  
JACKSONVILLE FL 32218**

Mailing Address

**11900 STAGE COACH  
LITTLE ROCK AR 72209**

2. Principal Place of Business

**21 1160 Eastport Rd**

2a. Mailing Address

**26 11900 Stagecoach Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 Jacksonville FL**

City & State

**28 Little Rock AR**

Zip Country

**24 32218 25**

Zip Country

**29 72209 30**

9. Name and Address of Current Registered Agent

**PARETTE, KEITH  
5912 NEW KINGS ROAD  
JACKSONVILLE FL**

3. Date Incorporated or Qualified

**07/13/1998**

4. FEI Number

**71-08/8219**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

**Keith Parette**

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

**1160 Eastport Rd**

83

84 City

**Jacksonville**

**FL**

85 Zip Code

**32218**

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

**Keith Parette**

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

(NOTE: Registered Agent signature required when reinstating)

**1/4/98**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME  
Scott Gentry  
STREET ADDRESS  
11900 Stagecoach Rd  
CITY-ST-ZIP  
Little Rock AR 72209**

TITLE ☐ DELETE

**NAME  
Sec./Treas.  
Keith Parette  
STREET ADDRESS  
11900 Stagecoach Rd  
CITY-ST-ZIP  
Little Rock AR 72209**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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: **Keith Parette**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/4/99** **501 455 5000**  
Date Daytime Phone #

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90044 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (1/98)