FILED Apr 30, 1999 8:00 am Secretary of State

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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 # P98000091469

EARL GENTRY OIL COMPANY

Principal Place of Business Mailing Address						i (801/93) (50 18/8) (8)() 90() 90() 90() 90() 90() 10() 4/4/4 91() 10()
1761 LANGLEY AVE DELAND FL 32721 DELAND FL 32721						. DO NOT WRITE IN THIS SPACE
	•					3. Date Incorporated or Qualifed 10/26/1998
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26	26			59-3541248 Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$3.75 Additional
22		27				Hee.Required
City & Stat	9	City & State	28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Zip	Con	intry		8. This corporation owes the current year Intangible
24	25	. 29	30	,		Personal Property Tax.
Name and Address of Current Registered Agent					A.I	10. Name and Address of New Registered Agent
Cu A	AODE DODERT D			81	Name	
	AORE, ROBERT B SOUTH KEPLER ROAD				Street A	ddress (P.O. Box Number is Not Acceptable)
	AND FL 32724-6317%			83		
	AND I C SETEN WITH I			63		
		•		84	City	FL 85 Zip Code
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						nuired when reinstating) DATE
42	Signature, typed or printed name of registered age	ent and title if applicable. (NO ND DIRECTORS	13.	Agen	t signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TTLE	. OFFICERS AI	DELETE	1.1 TF	TI F		[Change 47] Addition
NAME		<u> </u>		1.2 NAME		P. William Kozuh
STREET ADDRESS	_				ADDRESS	
				TY-\$1		4411 Powder Horn Drive
CITY-ST-ZIP TITLE		DELETE		2.1 TITLE		Dayton, OH 45432-4029 ☐ Change ☑ Addition
NAME			2.2 N	2.2 NAME		Robert B. Gilmore
STREET ADDRESS			2.3 STREE		ADDRESS	410 S. Kepler Road
CITY-ST-ZIP ·	~		2.4 C	iTY-S	T-ZIP	DeLand, FL 32724-6317
TITLE		☐ DELETE	3.1 TI	TLE		Change Addition
NAME			3.2 N	AME	}	
STREET ADDRESS			3.3 S	TREET	ADDRESS	
CITY-ST-ZIP			3.4. C	πy-s	T-ZIP	
TITLE		☐ DELETE	4.1 TI	TLE		☐ Change ☐ Addition
NAME	4.2		4. 2 N	IAME		
STREET ADDRESS			4.3 STREET ADDRESS		ADDRESS	·
CITY-ST-ZIP			4.4 C	TY-S	T-ZIP	
TITLE			5.1 TI	TLE		☐ Change ☐ Addition
NAME			5.2 N	AME	- 1	
STREET ADDRESS			5.3 S	TREET	ADDRESS	
CITY-ST-ZIP				TY-S	T-ZIP	
TITLE		☐ DELETE	6.1 ∏			☐ Change ☐ Addition
NAME			6.2 N			
STREET ADDRESS	.l		6.3 S	TREET	FADDRESS	

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 of 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 an address, with all other like empowered.

SIGNATURE: >

STREET ADDRESS

CITY-ST-ZIP