

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90272 039 \*\*\*150.00

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1. Corporation Name

CHAMBLISS PETROLEUM SYSTEMS CORP.

Principal Place of Business

Mailing Address

6550 N. FEDERAL HWY., S-340  
FT. LAUDERDALE FL 33308

6550 N. FEDERAL HWY., S-340  
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1998

4. FEI Number

65-0882207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRAZIER, ROBERT W JR.  
2400 EAST COMMERCIAL BLVD., 826  
FT. LAUDERDALE FL 33308

81 Name

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

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE  
NAME  
D  
CHAMBLISS, JOE A  
STREET ADDRESS  
201 NORTH WEST 127TH AVE.  
CITY-ST-ZIP  
PLANTATION FL 33325

TITLE  
NAME  
PD  
CHAMBLISS, HUNTER W  
STREET ADDRESS  
6550 N. FEDERAL HWY., S-340  
CITY-ST-ZIP  
FT. LAUDERDALE FL 33308

TITLE  
NAME  
STD  
BRYAN, JAMES W  
STREET ADDRESS  
6550 N. FEDERAL HWY., S-340  
CITY-ST-ZIP  
FT. LAUDERDALE FL 33308

TITLE  
NAME  
V  
CUNNINGHAM, JAMES  
STREET ADDRESS  
10830 NORTH WEST 41ST ST.  
CITY-ST-ZIP  
CORAL SPRINGS FL 33065

TITLE  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

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: Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 954 938 0414

Date

Daytime Phone #

CR2E034 (1/98)