

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mothman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S12161** (3)
1. Corporation Name
C & S MOBIL, INC.



Principal Place of Business: **1800 MCCALL ROAD S. ENGLEWOOD FL 34223**
Mailing Address: **1800 MCCALL ROAD S. ENGLEWOOD FL 34223**

3. Date Incorporated or Qualified: **11/13/1990**
3a. Date of Last Report: **01/25/1995**
4. FEI Number: **59-3035438**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country; 25
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent

**SUTTIFF, BADER P
22232 WESTNESTA BLVD
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

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 607.1505, 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 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature of Registered Agent (Signature required for all filings) Signature of Registered Agent (Signature required for all filings)

12. OFFICERS AND DIRECTORS
1. TITLE: **P**
NAME: **HARTWIG, CAROL**
STREET ADDRESS: **24582 NOVA LANE**
CITY, STATE, ZIP: **PORT CHARLOTTE FL**
2. TITLE: **ST**
NAME: **HARTWIG, DANIEL**
STREET ADDRESS: **22852 NOVA LANE**
CITY, STATE, ZIP: **PORT CHARLOTTE FL**
3. TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
4. TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
5. TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
6. TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: Change Addition
NAME: _____
2. STREET ADDRESS: _____
3. CITY, STATE, ZIP: _____
4. TITLE: Change Addition
NAME: _____
5. STREET ADDRESS: _____
6. CITY, STATE, ZIP: _____
7. TITLE: Change Addition
NAME: _____
8. STREET ADDRESS: _____
9. CITY, STATE, ZIP: _____
10. TITLE: Change Addition
NAME: _____
11. STREET ADDRESS: _____
12. CITY, STATE, ZIP: _____
13. TITLE: Change Addition
NAME: _____
14. STREET ADDRESS: _____
15. CITY, STATE, ZIP: _____

14. I do hereby certify that the information supplied with this filing is true and correct and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I further certify that the information indicated in 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 agent, trustee, 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 change, I, or on an alternate form, my address.

SIGNATURE: *Carol Hartwig*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96 (941) 629-6876

CR2E034 (12/95)