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FLA CORPORATION
ANNUAL REPORT
1995

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

**APPROVED
AND
FILED**

95 APR 28 PH 2:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S38787 (5)

1. Corporation Name

JET OIL, INC.

Principal Place of Business

**5 COCOA BLVD.
COCOA FL 32922**

Mailing Address

**5 COCOA BLVD.
COCOA FL 32922**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/14/1991

3a. Date of Last Report
03/30/1994

2. Principal Place of Business

21 7 N COCOA BLVD

2a. Mailing Address

26 7 N COCOA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 COCOA FL

28 COCOA FL

Zip

Country

Zip

Country

24 32922

25

UNITED STATES

29 32922

30

FL

4. FBI Number
59-3073043

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHAH, MAHESH R.
5 N. COCOA BLVD.
COCOA FL 32922**

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 fee if applicable

(NOTE: Registered Agent signature required when retaking)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	SHAH, MAHESH R.
STREET ADDRESS	702 HAWKSBILL ISLAND DR.
CITY - ST - ZIP	SATELLITE BEACH FL
TITLE	DS
NAME	SHAH, RASHMI M.
STREET ADDRESS	702 HAWKSBILL ISLAND DR.
CITY - ST - ZIP	SATELLITE BEACH FL
TITLE	DVP
NAME	SHAH, HENA G.
STREET ADDRESS	2 HOLY HILL
CITY - ST - ZIP	PARLIN NJ
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

4-10-95

9107-631-0245