

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S63789** (9)

1. Corporation Name

MIELE'S TEXACO, INC.

Principal Place of Business

**30 S. FEDERAL HWY.
LAKE WORTH FL 33460
US**

Mailing Address

**30 S. FEDERAL HWY.
LAKE WORTH FL 33460
US**



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

07/02/1991

3a. Date of Last Report

03/09/1995

4. FEI Number

65-0281502

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

**MIELE, DONALD
30 S. FEDERAL HWY.
LAKE WORTH FL 33460**

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 607.0602 and 607.1504, 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 607.0604, Florida Statutes.

SIGNATURE

Signature of person making change (if not a registered agent)

Signature of Registered Agent (signature required after consulting)

Date

12. OFFICERS AND DIRECTORS

1. TITLE **D**
NAME **MIELE, DONALD**
STREET ADDRESS **30 S FED HWY**
CITY-STATE-ZIP **LAKE WORTH FL**

☐ DELETE

2. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

3. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

4. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

5. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

6. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE **D + P** ☒ Change ☐ Addition

2. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

2.1. TITLE **D V + P** ☐ Change ☒ Addition

2.2. NAME **ANN-MARIE MIELE**

2.3. STREET ADDRESS **30 S. FED. HWY.**

2.4. CITY-STATE-ZIP **LAKE WORTH, FLA. 33460**

3.1. TITLE

3.2. NAME

3.3. STREET ADDRESS

3.4. CITY-STATE-ZIP

4.1. TITLE

4.2. NAME

4.3. STREET ADDRESS

4.4. CITY-STATE-ZIP

5.1. TITLE

5.2. NAME

5.3. STREET ADDRESS

5.4. CITY-STATE-ZIP

6.1. TITLE

6.2. NAME

6.3. STREET ADDRESS

6.4. CITY-STATE-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 if changed, on an attachment with an address.

SIGNATURE: **Donald B Miele**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96 (407) 585-5505
Date of Filing

CR2E034 (12/95)