

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S90795 (3)

1. Corporation Name

TOM'S MOBIL, INC.



Principal Place of Business

560 GULLWING DR.
VERO BEACH FL 32968

Mailing Address

560 GULLWING DR.
VERO BEACH FL 32968

3. Date Incorporated or Qualified

10/30/1991

3a. Date of Last Report

02/07/1995

2. Principal Place of Business

21 4315 20TH STREET

2a. Mailing Address

26 4315 20TH STREET

4. FEI Number

65-0301762

Applied For

Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

23 City & State

VERO BEACH, FLORIDA

27 City & State

VERO BEACH, FLORIDA

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

24 Zip

32966

25 Country

USA

29 Zip

32966

30 Country

USA

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

MULLIGAN, THOMAS L.

560 GULLWING DR.

VERO BEACH FL 32968

81 Name

EUGENE DUFFY

82

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

83

4315 20TH STREET

84 City

VERO BEACH

FL

85 Zip Code

32966

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Eugene J. Duffy

(NOTE: Registered Agent signature required when registering)

4/29/96

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME MULLIGAN, THOMAS L.

STREET ADDRESS 560 GULLWING DR.

CITY - ST - ZIP VERO BEACH FL

TITLE D ☐ DELETE

NAME DUFFY, EUGENE

STREET ADDRESS 5047 A1A, APT. 705

CITY - ST - ZIP NORTH HUTCHINSON ISLAND FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 if changed, or on an attachment with an address

SIGNATURE:

Eugene J. Duffy

EUGENE J. DUFFY

4/29/96

407 778-6872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Exp. Date: Phone #

CR2E034 (12/95)