FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 FEB -7 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S99306 (0)

1. Corporation Name
FUELING COMPONENTS, INC.

Principal Place of Business
5852 MACY AVE
JACKSONVILLE FL 32211
US

Mailing Address
5852 MACY AVE
JACKSONVILLE FL 32211
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/10/1991
3a. Date of Last Report: 02/25/1994

2. Principal Place of Business
21 Fueling Components Inc.
Suite, Apt. #, etc.
22 837 North Street
City & State
23 Jacksonville, Florida
Zip 24 32211
Country 25 U.S.A.

2a. Mailing Address
26 Fueling Components Inc
Suite, Apt. #, etc.
27 837 North Street
City & State
28 Jacksonville, Florida
Zip 29 32211
Country 30 U.S.A.

4. FEI Number: 59-3104862 — 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
COMBS, ROGER L. JR.
5852 MACY AVE
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent
81 Name: Roger L. Combs, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 837 North Street
83
84 City: Jacksonville FL
85 Zip Code: 32211

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 resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	COMBS, ROGER L. JR.	1.2 NAME	COMBS, ROGER L.JR.	
STREET ADDRESS	5852 MACY AVE	1.3 STREET ADDRESS	837 NORTH STREET	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	JACKSONVILLE, FLORIDA 32211	
TITLE	STD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	COMBS, TIMOTHY L.	2.2 NAME	COMBS, TIMOTHY L.	
STREET ADDRESS	5852 MACY AVE	2.3 STREET ADDRESS	837 NORTH STREET	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	JACKSONVILLE, FLORIDA 32211	
TITLE		3.1 TITLE	STD	☐ Change ☒ Addition
NAME		3.2 NAME	COMBS, TERRI R.	
STREET ADDRESS		3.3 STREET ADDRESS	837 NORTH STREET	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	JACKSONVILLE, FLORIDA 32211	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - ST - ZIP		4.4 CITY - ST - ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - ST - ZIP		5.4 CITY - ST - ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY - ST - ZIP		6.4 CITY - ST - ZIP		

14. I do hereby certify that the information contained with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #

0017810 CP