

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 # **V09930**

(1)

1. Corporation Name

NORTHSIDE FUEL, INC.

Principal Place of Business

**860 SINGLETON AVE
TITUSVILLE FL 32796**

Mailing Address

**860 SINGLETON AVE
TITUSVILLE FL 32796**



2. Principal Place of Business

21 State: **FL**
22 City: **Titusville**

23 City: **Titusville**
24 Zip: **32796**

Country: **USA**

2a. Mailing Address

26 State: **FL**
27 City: **Titusville**

28 City: **Titusville**
29 Zip: **32796**

Country: **USA**

9. Name and Address of Current Registered Agent

**THOMPSON, RODNEY S.
860 SINGLETON AVE
TITUSVILLE FL 32796**

3. Date Incorporated or Qualified

01/27/1992

3a. Date of Last Report

02/08/1995

4. FEI Number

59-3104426

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

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 607.0702 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, changing its 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 607.0905, Florida Statutes.

SIGNATURE

Signature of the person authorized to sign this statement (Secretary, Treasurer, or Agent)

Signature of the person authorized to sign this statement (Secretary, Treasurer, or Agent)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

1. NAME
2. ADDRESS
3. CITY
4. STATE
5. ZIP
6. PHONE
7. FAX
8. E-MAIL
9. OTHER
10. OTHER
11. OTHER
12. OTHER
13. OTHER
14. OTHER
15. OTHER
16. OTHER
17. OTHER
18. OTHER
19. OTHER
20. OTHER
21. OTHER
22. OTHER
23. OTHER
24. OTHER
25. OTHER
26. OTHER
27. OTHER
28. OTHER
29. OTHER
30. OTHER
31. OTHER
32. OTHER
33. OTHER
34. OTHER
35. OTHER
36. OTHER
37. OTHER
38. OTHER
39. OTHER
40. OTHER
41. OTHER
42. OTHER
43. OTHER
44. OTHER
45. OTHER
46. OTHER
47. OTHER
48. OTHER
49. OTHER
50. OTHER
51. OTHER
52. OTHER
53. OTHER
54. OTHER
55. OTHER
56. OTHER
57. OTHER
58. OTHER
59. OTHER
60. OTHER
61. OTHER
62. OTHER
63. OTHER
64. OTHER
65. OTHER
66. OTHER
67. OTHER
68. OTHER
69. OTHER
70. OTHER
71. OTHER
72. OTHER
73. OTHER
74. OTHER
75. OTHER
76. OTHER
77. OTHER
78. OTHER
79. OTHER
80. OTHER
81. OTHER
82. OTHER
83. OTHER
84. OTHER
85. OTHER
86. OTHER
87. OTHER
88. OTHER
89. OTHER
90. OTHER
91. OTHER
92. OTHER
93. OTHER
94. OTHER
95. OTHER
96. OTHER
97. OTHER
98. OTHER
99. OTHER
100. OTHER

**D
THOMPSON, RODNEY S.
860 SINGLETON AVE
TITUSVILLE FL
D
THOMPSON, MARY J.
860 SINGLETON AVE
TITUSVILLE FL
D
THOMPSON LAURILEE
860 SINGLETON AVE
TITUSVILLE FL
D
MCCOY, SHERYLANNE T.
715 N TROPICAL TRAIL
MERRITT ISLAND FL
D
THOMPSON, THOMAS A.
15 S HILLTOP DR
TITUSVILLE FL**

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY, ST, ZIP
29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY, ST, ZIP
33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY, ST, ZIP
37. TITLE
38. NAME
39. STREET ADDRESS
40. CITY, ST, ZIP
41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP
45. TITLE
46. NAME
47. STREET ADDRESS
48. CITY, ST, ZIP
49. TITLE
50. NAME
51. STREET ADDRESS
52. CITY, ST, ZIP
53. TITLE
54. NAME
55. STREET ADDRESS
56. CITY, ST, ZIP
57. TITLE
58. NAME
59. STREET ADDRESS
60. CITY, ST, ZIP
61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY, ST, ZIP
65. TITLE
66. NAME
67. STREET ADDRESS
68. CITY, ST, ZIP
69. TITLE
70. NAME
71. STREET ADDRESS
72. CITY, ST, ZIP
73. TITLE
74. NAME
75. STREET ADDRESS
76. CITY, ST, ZIP
77. TITLE
78. NAME
79. STREET ADDRESS
80. CITY, ST, ZIP
81. TITLE
82. NAME
83. STREET ADDRESS
84. CITY, ST, ZIP
85. TITLE
86. NAME
87. STREET ADDRESS
88. CITY, ST, ZIP
89. TITLE
90. NAME
91. STREET ADDRESS
92. CITY, ST, ZIP
93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY, ST, ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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. 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:

Rodney S. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rodney S. Thompson

1/17/96

407/269-5950

CR2E034 (12/95)