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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **V19487**

1. Corporation Name

ST. MARKS REFINERY, INC.

Principal Place of Business	Mailing Address
5201 WESTSHORE BOULEVARD	5201 WESTSHORE BOULEVARD

## **FILED** Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90172 036 \*\*\*158.75



TAMPA FL 33611-5699 TAMPA FL 33611-5699 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/05/1992 2a. Mailing Address 4. FEI Number Aprilled For 2. Principa Place of Business X Not Applicable 2950 North Loop West 59-3112231 2950 North Loop West 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certifcate of Status Desired X Suite 1000 Fee Required Suite 1000 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Houston, Houston, Texas Trust Fund Contribution Added to Fees Texas 28 Country Zip Country 8. This or rooration owes the current year intangible [X] No 77092 USA ☐ Yes 77092 25 USA 30 Personal Property Tax. 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Denis J. Fitzpatrick SHIN, DAE Y. Street Acdress (P.O. Box Number is Not Acceptable) 82 5201 S. WESTSHORE BLVD. 627 Fort Leon Drive TAMPA FL 33611-5699 83 St. Marks 84 85 11. Pursuant to the provisions of Sc ctions 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, onboth, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the approintment as registered agent. I am familiar with, and accept the obligations of Section 607,0505, Florida Statutes. SIGNATURE (NOT 2: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 S AND DIRECTORS 12. 13. X DELETE 1.1 TITLE TITLE Gustave E. Chew SHIN, DAE Y 1.2 NAME NAME 2950 North Loop West, Ste. 1000 5201 S WESTSHORE BLVD 1.3 STREET ADDRESS STREET ADDRESS Houston, TX 77092 TAMPA FL 1.4 CITY- ST- ZIP CITY-ST-ZIP <u> У/т/s/р</u>. K1 Addition ☐ DELETE Change | 2.1 TITLE TITLE Denis J. Fitzpatrick 2.2 NAME NAME 2950 North Loop West, Ste. 1000 2 3 STREET ADDRESS STREET ADDRESS Houston, TX 77092 2. 4 CITY+ST-ZIP CITY-ST-ZIP Change X Addition □ DELETE 3 1 TITLE TITLE George Faris 3.2 NAME NAME 2950 North Loop West, Ste. 1000 3.3 STREET ADDRESS STREET ADDRESS Houston, TX 77092 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 61 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY: ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

FFICEL OR DIRECTOR

(713) 802-0087

Daytime Phone #

CR2E034 (11/98)