

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V31626** (7)

1. Corporation Name

FLORIDA EXPRESS OIL COMPANY, INC.



Principal Place of Business

**711 N FLORIDA AVE
STE 310
TAMPA FL 33602**

Mailing Address

**711 N FLORIDA AVE
STE 310
TAMPA FL 33602**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BRADLEY, EDWIN J.
711 N FLORIDA AVE
STE 310
TAMPA FL 33602**

3. Date Incorporated or Qualified

04/23/1992

3a. Date of Last Report

01/24/1995

4. FEI Number

59-3121049

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 607.0602 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 607.0602, Florida Statutes.

SIGNATURE

(Signature typed in permanent ink on the back of this report)

Date of Signature

(Typed name of registered agent)

Date

(Typed name of registered agent)

12. OFFICERS AND DIRECTORS

TITLE	DST	☐ DELETE
NAME	BRADLEY, EDWIN J	
STREET ADDRESS	2509 PEMBERTON CREEK DRIVE	
CITY, ST, ZIP	SFFNER FL	
TITLE	DP	☐ DELETE
NAME	CARTER, ROSS S	
STREET ADDRESS	4010 CEDAR CAY CIR.	
CITY, ST, ZIP	VALRICO FL 33594	
TITLE	DVP	☐ DELETE
NAME	WILLIAMS, LAYNE T	
STREET ADDRESS	602 GAY ROAD	
CITY, ST, ZIP	SEFFNER FL 33584	
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	☐ Change ☐ Addition
2	☐ Change ☐ Addition
3	☐ Change ☐ Addition
4	☐ Change ☐ Addition
5	☐ Change ☐ Addition
6	☐ Change ☐ Addition
7	☐ Change ☐ Addition
8	☐ Change ☐ Addition
9	☐ Change ☐ Addition
10	☐ Change ☐ Addition
11	☐ Change ☐ Addition
12	☐ Change ☐ Addition
13	☐ Change ☐ Addition
14	☐ Change ☐ Addition
15	☐ Change ☐ Addition
16	☐ Change ☐ Addition
17	☐ Change ☐ Addition
18	☐ Change ☐ Addition
19	☐ Change ☐ Addition
20	☐ Change ☐ Addition

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:

(Signature typed in permanent ink on the back of this report)

(Typed name of registered agent)

1-30-96 813/22-3657

Date

Daytime Phone #

CR2E034 (12/95)