

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -7 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V39329

(0)

1. Corporation Name

M.A.K.S. PETRO, INC.

Principal Place of Business

1200 SO US HIGHWAY ONE
FT. PIERCE FL 33450

Mailing Address

P.O. BOX 1607
LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/26/1992

3a. Date of Last Report
04/29/1994

4. FBI Number
65-0341154

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

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ST. CLAIR, JAMES W.

~~716 LAKE AVE~~ 701 Belvedere Road

~~LAKE WORTH AVE FL 33460~~ West Palm Beach, FL 33405

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 607.0502 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 ~~VSD~~
NAME ST. CLAIR, JAMES W.
STREET ADDRESS 701 BELVEDERE ROAD
CITY-ST-ZIP W. PALM BEACH FL 33405

1.1 TITLE P/S/D
1.2 NAME St. Clair, James W.
1.3 STREET ADDRESS 701 Belvedere Road
1.4 CITY-ST-ZIP West Palm Beach, FL 33405

☒ Change ☐ Addition

TITLE ~~VTD~~
NAME GAFFNEY, STEVEN M.
STREET ADDRESS 716 LAKE AVE, E
CITY-ST-ZIP LAKE WORTH FL 33460

2.1 TITLE V/T/D
2.2 NAME Shuba, Stanley J.
2.3 STREET ADDRESS 18901 North Osprey Way
2.4 CITY-ST-ZIP Jupiter, FL 33458

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ 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 110.07(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:

J. H. G. Pras
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-95 4175087253

Date

Signature Number