May 04, 1999 8:00 am Secretary of State

05-04-1999 90116 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **V68077**

1. Corporation Name

SOUTHERN PORTER OIL, INC.

						(1) 	
Principal Place of Business Mailing Address					- I IMBTI DIIDIR AITRI IDIII DOSE INBUT I	EBC #1015 BIBS GIANC #1	MIT DIĞIR BIMIL IBMI
2611 BURLINGTON AVE N ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713							
US US					DO NOT WRITE IN THIS SPACE		
			*		3. Date Incorporated or Qualifed		
<u> </u>					09/29/1992		
	lace of Business	2a. Mailing Address	\ .	K)	4. FEI Number		Applied For
21 710	12 181.12t.14 .	26 10 33 Suite, Apt. #, etc.	<u> </u>		59-3150652	<u> </u>	Not Applicable 5 Additional
Suite, Apt.		27		······	5. Certifcate of Status Desired [1	Required
City & State	e Toma Dua Ol Ta	City & State			6. Election Campaign Financing		00 May Be
23 DI. K	EIEESBURG, FL	28 ST. HELE			Trust Fund Contribution		ed to Fees
Zip	Country	Zip クスフ1ス -	Country	/	8. This corporation owes the current		□No
24 331	13 25 05	29 32 113 30	<u> </u>		Personal Property Tax.	X Yes	LINO
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name							
PING	OR, BRIAN R			Name			
2861 EXECUTIVE DRIVE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
SUITE 200			83	 			
CLEARWATER FL 34622			03]			
VLL			84	City		FI 85 Z	ip 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 of 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 above or provided page of the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature provided page of highest proof or provided page of highest provided page of highest proof or provided page of highest provided page of highest proof or provided page of highest							
12,	Signature, typed or printed name a registered agent		13.	ir signature required	ADDITIONS/CHANGES TO OFFICE		CTORS IN 12
TITLE	VPD VPD	DELETE	1.1 TITLE	·		☐ Chan	
NAME	JEFFERY, ROBERT W	,	1.2 NAME	}			ļ
STREET ADDRESS	710 31ST ST. NORTH			TADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33713		1.4 CITY-S	i	•		1
TITLE	PD	DELETE	2.1 TITLE			Chan	ge Addition
NAME	BARKLEY, RORY W		2.2 NAME		•]
STREET ADDRESS	2611 BURLINGTON AVENUE N		2.3 STREE	TADDRESS	مست یہ در مراج		ł
CITY-ST-ZIP	ST. PETERSBURG FL	1	2. 4 CITY-5	ST-ZIP			
TITLE	SD	☐ DELETE	3.1 TITLE		·	Chan	ge Addition
NAME	SCALISE, TARA		3.2 NAME				J
STREET ADDRESS	2611 BURLINGTON AVE. W.	1	3.3 STREE	T ADDRESS			
CITY-ST-ZIP	ST PETE FL 33713		3.4. CITY-5	ST-ZIP	·		
TITLE		DELETE	4.1 TITLE			☐ Char	ige 🔲 Addition
NAME			4. 2 NAME	Ì	•		
STREET ADDRESS			4.3 STREE	TADDRESS			
City-St-ZiP		<u></u>	4.4 CITY-S	ST-ZIP			·
TITLE		DELETE	5.1 TITLE			Char	ige 🗌 Addition 🕽
NAME			5.2 NAME				
STREET ADDRESS		•	5.3 STREE	TADORESS			ļ

14. I hereby certify that the information supplied with this filing 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 of 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 changes, or on all attachment with an address, with all other like empowered.

5.4 C/TY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Change

Addition