FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **V72098** **(9)**

1. Corporation Name
OIL MASTERS, INC.

Principal Place of Business
~~1110~~ EAST SILVER SPRINGS BOULEVARD
OCALA FL 34470
US

Mailing Address
~~1110~~ EAST SILVER SPRINGS BOULEVARD
OCALA FL 34470
US

95 MAY -1 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1992
3a. Date of Last Report: 08/12/1994
4. FEI Number: 59-3153124 — 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
21 1708 E Silver Springs Blvd
22 Suite, Apt #, etc.
23 City & State: Ocala FL
24 Zip: 34470
25 County

2a. Mailing Address
26 1708 E Silver Springs Blvd
27 Suite, Apt #, etc.
28 City & State
29 Zip
30 County

9. Name and Address of Current Registered Agent
ANDREWS, JEFFERY A
~~1110~~ EAST SILVER SPRINGS BOULEVARD
OCALA FL 34470

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1708 E Silver Springs Blvd
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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☒ Addition
NAME	DAILEY, PATRICK	12 NAME	
STREET ADDRESS	21 HEMLOCK TERR. COURSE	13 STREET ADDRESS	
CITY, ST, ZIP	OCALA FL	14 CITY, ST, ZIP	Zip 34472
TITLE	PD	21 TITLE	☒ Change ☐ Addition
NAME	ANDREWS, JEFFREY A.	22 NAME	
STREET ADDRESS	4884 N.W. COUNTY RD 316	23 STREET ADDRESS	6980 Bahia Rd
CITY, ST, ZIP	REDDICK FL	24 CITY, ST, ZIP	Ocala, FL 34472
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LYNCH, DAN P.	32 NAME	
STREET ADDRESS	POST OFFICE BOX 420 - N/A	33 STREET ADDRESS	
CITY, ST, ZIP	CANDLER FL	34 CITY, ST, ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

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)(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 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/27/95 Daytime Phone #

0350403 CP