

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
93 JUN 14 AM 10:05

DOCUMENT # 480477 (9)

1. Corporation Name
MAASSEN OIL CO., INC.

Principal Place of Business: 612 N BREVARD AVE, ARCADIA FL 33921-8777, US
Mailing Address: P O BOX 877, ARCADIA FL 33821-8777, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1975
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business: 21
2a. Mailing Address: 26 P.O. Box 877
22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.
23 City & State
28 City & State
24 Zip
25 Country
29 Zip
30 Country

4. FEI Number: 59-1608783
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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
MAASSEN, JOHN S., III
612 N. BREVARD AVENUE
ARCADIA FL 33821

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code: FL

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) (Date) Registered Agent signature required when re-registering. (Date)

12. OFFICERS AND DIRECTORS	
TITLE	SDT
NAME	MAASSEN, KATHRYN
STREET ADDRESS	1440 N ARCADIA AVE
CITY ST ZIP	ARCADIA, FL 00000
TITLE	PD
NAME	MAASSEN, JOHN, III
STREET ADDRESS	RT 7 BOX 098
CITY ST ZIP	ARCADIA, FL 00000
TITLE	VD
NAME	MAASSEN, DAVID LAMBERT
STREET ADDRESS	140 S. OSCEOLA AVENUE
CITY ST ZIP	ARCADIA, FL 00000
TITLE	VD
NAME	MAASSEN, FRANK EDWARD
STREET ADDRESS	HANSEL ROAD
CITY ST ZIP	ARCADIA, FL 00000
TITLE	C
NAME	MAASSEN JR., JOHN S.
STREET ADDRESS	1440 NORTH ARCADIA AVE
CITY ST ZIP	ARCADIA, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	2490 N.W. OWENS AVE
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(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: John S. Maassen III Date: 6/05/95 813 494-2253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)

CR2E034 (3/95)