

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 446659 (5)
1. Corporation Name
EDISON OIL COMPANY



Principal Place of Business: **3006 PALM BEACH BLVD. FT MYERS FL 33916**
Mailing Address: **3006 PALM BEACH BLVD. FT MYERS FL 33916**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/18/1974	3a. Date of Last Report 06/06/1995
21		26		4. FEI Number 59-1512831	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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			
EAKINS, WALTER E SR 3006 PALM BEACH RD FT MYERS FL 33916				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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EAKINS, SR. WALTER E.			1.2 NAME			
STREET ADDRESS	13890 SLEEPY HOL LN SE			1.3 STREET ADDRESS			
CITY - ST - ZIP	FT MYERS SHORES, FL 00000			1.4 CITY - ST - ZIP			
TITLE	DVT	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENSHAW, JR., DONALD M.			2.2 NAME			
STREET ADDRESS	11512 TIMBERLINE CIR			2.3 STREET ADDRESS			
CITY - ST - ZIP	FT MYERS FL			2.4 CITY - ST - ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EAKINS, WALTER E SR			3.2 NAME			
STREET ADDRESS	13890 SLEEPY HOL LN SE			3.3 STREET ADDRESS			
CITY - ST - ZIP	FT. MYERS SHORES FL			3.4 CITY - ST - ZIP			
TITLE	DVS	<input type="checkbox"/> DELETE		4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLIVER, ROBERT H.			4.2 NAME			
STREET ADDRESS	3124 RIVER GROVE CIR.			4.3 STREET ADDRESS	13751 Orange River Blvd.		
CITY - ST - ZIP	FT MYERS SHORES, FL 00000			4.4 CITY - ST - ZIP	FT MYERS FL 33905		
TITLE	DVT	<input type="checkbox"/> DELETE		5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EAKINS, JR WALTER E			5.2 NAME			
STREET ADDRESS	2206 HAVANNA AVE S E			5.3 STREET ADDRESS	13503 Island Rd.		
CITY - ST - ZIP	FT MYERS SHORES, FL 00000			5.4 CITY - ST - ZIP	FT MYERS, FL 33905		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 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: Walter Eakins Sr **Walter E EAKINS Sr** 4/17/96 941-334-0151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)