

**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 # 525392 (7)

1. Corporation Name  
D.H. BUCHANAN OIL COMPANY, INC.



Principal Place of Business: PO BOX 396 HILLIARD FL 32046 US  
Mailing Address: PO BOX 396 HILLIARD FL 32046 US

3. Date incorporated or Qualified: 02/08/1977  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-1834671  
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 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
BUCHANAN, DAVID HUCKS JR.  
PINE ST.  
HILLIARD FL 32046

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 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, 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUCHANAN, D. H. JR.	
STREET ADDRESS	310 PINE ST.	
CITY - ST - ZIP	HILLIARD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BUCHANAN, D. W.	
STREET ADDRESS	501 4TH ST.	
CITY - ST - ZIP	HILLIARD FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BUCHANAN, MARTHA L.	
STREET ADDRESS	310 PINE ST.	
CITY - ST - ZIP	HILLIARD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUCHANAN, MARTHA	
STREET ADDRESS	310 PINE ST.	
CITY - ST - ZIP	HILLIARD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUCHANAN, SARA A.	
STREET ADDRESS	310 PINE ST.	
CITY - ST - ZIP	HILLIARD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUCHANAN, IVOR G.	
STREET ADDRESS	503 4TH ST.	
CITY - ST - ZIP	HILLIARD FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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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: *D. H. Buchanan, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
D. H. Buchanan, Jr.

5-7-96 (90N)BUS-355D  
Date: \_\_\_\_\_ Day(s) in Period: \_\_\_\_\_

CR2E034 (12/95)