

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 # **828567 (8)**

1. Corporation Name

GRAY OIL COMPANY D/B/A ANCO OIL COMPANY



Principal Place of Business

Mailing Address

P. O. BOX 23
ATMORE AL 36504

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ATMORE AL 36504

3. Date Incorporated or Qualified
08/30/1972

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21 **207 W ASHLEY ST**
Suite, Apt. #, etc.

22 City & State
ATMORE, AL

23 Zip
36502

24 Country
ESCAMBIA

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Zip

Country

4. FEI Number
63-0500697

Applied For
Not Applicable

5. Certificate of Status Desired



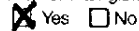
\$8.75 Additional Fee Required

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



9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIS, MARIE
3711 STILL RD.
CENTURY FL 32535**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **P NICHOLAS, FELIX C**
STREET ADDRESS **405 E. OAK ST.**
CITY-ST-ZIP **ATMORE AL 36502**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **21500 RAY ROAD**
1.4 CITY-ST-ZIP **ATMORE, AL 36502**

TITLE DELETE
NAME **ST NICHOLAS, ROSE W**
STREET ADDRESS **405 E. OAK ST.**
CITY-ST-ZIP **ATMORE AL 36502**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **21500 RAY ROAD**
2.4 CITY-ST-ZIP **ATMORE, AL 36502**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Felix C. Nicholas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 5 - 1996

Date

Daytime Phone #

CR2E034 (12/95)