


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90238 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000003952					
1. Corporation Name COLONIAL ENERGY, INC.					
Principal Place of Business PO BOX 576 SAVANNAH GA 31402-0576			Mailing Address PO BOX 576 SAVANNAH GA 31402-0576		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/10/1998	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 58-2209516	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			10. Name and Address of New Registered Agent		
			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					
1.1 TITLE PC <input type="checkbox"/> DELETE					
1.2 NAME DEMERE, R H JR					
1.3 STREET ADDRESS 101 N. LATHROP AVE.					
1.4 CITY-ST-ZIP SAVANNAH GA 31415					
2.1 TITLE VTD <input type="checkbox"/> DELETE					
2.2 NAME BROWN, F A					
2.3 STREET ADDRESS 101 N. LATHROP AVE.					
2.4 CITY-ST-ZIP SAVANNAH GA 31415					
3.1 TITLE SD <input type="checkbox"/> DELETE					
3.2 NAME WIMBISH, S B					
3.3 STREET ADDRESS 101 N. LATHROP AVE.					
3.4 CITY-ST-ZIP SAVANNAH GA 31415					
4.1 TITLE C <input type="checkbox"/> DELETE					
4.2 NAME DEMERE, R. H					
4.3 STREET ADDRESS 101 N. LATHROP AVE.					
4.4 CITY-ST-ZIP SAVANNAH GA 31415					
5.1 TITLE VD <input type="checkbox"/> DELETE					
5.2 NAME KELLY, B M					
5.3 STREET ADDRESS 12011 LEE JACKSON HWY.					
5.4 CITY-ST-ZIP FAIRFAX VA 22033					
6.1 TITLE V <input type="checkbox"/> DELETE					
6.2 NAME GETTY, J. W					
6.3 STREET ADDRESS 101 N. LATHROP AVE.					
6.4 CITY-ST-ZIP SAVANNAH GA 31415					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99

Date

Daytime Phone #

912-236-1331

CR2E034 (11/98)