

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H05041 (9)**

1. Corporation Name
FLORIDA PETROLEUM CORPORATION



Principal Place of Business: **136 EASTPORT ROAD PO BOX 18247 JACKSONVILLE FL 32229-7247**
Mailing Address: **136 EASTPORT ROAD PO BOX 18247 JACKSONVILLE FL 32229-7247**

3. Date Incorporated or Qualified: **05/24/1984**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **59-2412672**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**HALL, Y.E., JR.
136 EASTPORT ROAD
JACKSONVILLE FL 32218**

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 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: _____ DATE: _____
Signature typed or printed name of registered agent and if applicable (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS	
TITLE: SDT	<input type="checkbox"/> DELETE
NAME: SWINSON, GRETCHEN	
STREET ADDRESS: 136 E. PORT RD	
CITY-STATE-ZIP: JACKSONVILLE FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: HALL, Y. E., JR.	
STREET ADDRESS: 136 E. PORT RD	
CITY-STATE-ZIP: JACKSONVILLE FL	
TITLE: PD	<input type="checkbox"/> DELETE
NAME: BRYAN, CHRISTINA H.	
STREET ADDRESS: 136 E. PORT RD	
CITY-STATE-ZIP: JACKSONVILLE FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: BRYAN, WILLIAM E JR.	
STREET ADDRESS: 136 EASTPORT ROAD	
CITY-STATE-ZIP: JACKSONVILLE FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: HALL, DONNA M	
STREET ADDRESS: 136 EASTPORT ROAD	
CITY-STATE-ZIP: JACKSONVILLE FL	
TITLE: VP	<input type="checkbox"/> DELETE
NAME: HIGGINBOTHAM, RICHARD	
STREET ADDRESS: 136 EASTPORT ROAD	
CITY-STATE-ZIP: JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: SWINSON, GRETCHEN	
1.3 STREET ADDRESS: 136 E. PORT RD.	
1.4 CITY-STATE-ZIP: JACKSONVILLE, FL	
2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-STATE-ZIP:	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-STATE-ZIP:	
4.1 TITLE: VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: BRYAN, WILLIAM E. JR.	
4.3 STREET ADDRESS: 136 EASTPORT RD.	
4.4 CITY-STATE-ZIP: JACKSONVILLE, FL	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-STATE-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-STATE-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: _____ DATE: **3/29/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ DATE: **3/29/96**

CR2E034 (12/95)