

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 # **J41523 (8)**

1. Corporation Name

PETROLEUM TRANSPORT LINES, INC.



Principal Place of Business ~~← delete~~ Mailing Address ~~← delete~~
~~★ TEDDIE HOLMAN~~
 C/O COPPERWHEAT, JACQUELYN
 CLEARWATER FL 34622
 US

3. Date Incorporated or Qualified **11/07/1986** 3a. Date of Last Report **03/29/1995**

2. Principal Place of Business 2a. Mailing Address
 21 **2865 Executive Drive** 26 **2865 Executive Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

4. FEI Number **59-2737581** 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 Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
RICE, MARTIN E
696 FIRST AVE N STE 400
ST PETERSBURG 33701
 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 _____ DATE _____
Signature typed or printed name of registered agent and title of agent (if any) (Title, Registered Agent Signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISSER, P. N., III	1.2 NAME	
STREET ADDRESS	2865 EXECUTIVE CNTR DR	1.3 STREET ADDRESS	2865 Executive Drive
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, FL 34622
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPPERWHEAT, JACQUELYN M	2.2 NAME	
STREET ADDRESS	2865 EXECUTIVE CNTR DR	2.3 STREET ADDRESS	2865 Executive Drive
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater, FL 34622
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, BRUCE	3.2 NAME	
STREET ADDRESS	2865 EXECUTIVE CNTR DR	3.3 STREET ADDRESS	2865 Executive Drive
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater FL 34622
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Katchuk, Kerry
STREET ADDRESS		4.3 STREET ADDRESS	2865 Executive Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Clearwater, FL 34622
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Curran John
STREET ADDRESS		5.3 STREET ADDRESS	2865 Executive Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Clearwater, FL 34622
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: *Jacquelyn M. Copperwheat* Jacquelyn M. Copperwheat 4/18/96 (813) 573-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)