

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**95 MAR 29 PM 6:43**

**DOCUMENT # L83941 (9)**

1. Corporation Name  
**PANTHER PETROLEUM, INC.**

Principal Place of Business Mailing Address  
**2865 EXECUTIVE CENTER DRIVE  
C/O TEDDIE HOLMAN  
CLEARWATER FL 34622**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/27/1990** 3a. Date of Last Report **03/07/1994**

2. Principal Place of Business		2a. Mailing Address		4. FBI Number		Applied For	
21		26		59-3017773		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22 c/o Jacquelyn Copperwheat		27 c/o Jacquelyn Copperwheat		<input type="checkbox"/>		<input type="checkbox"/>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>		<input type="checkbox"/>	
Zip		Country		Zip		Country	
24		25		29		30	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>RICE, MARTIN ERROL 696 FIRST AVENUE NORTH SUITE 400 ST PETERSBURG FL 33701</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				<b>FL</b>			

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 registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISSER, P. N. III	1.2 NAME	
STREET ADDRESS	2865 EXEC. CENTER DRIVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	CLEARWATER FL	1.4 CITY- ST- ZIP	add zip: 34622
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRIX, DON	2.2 NAME	
STREET ADDRESS	2865 EXEC. CENTER DRIVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	CLEARWATER FL	2.4 CITY- ST- ZIP	add zip: 34622
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMAN, TEDDIE M	3.2 NAME	Copperwheat, Jacquelyn M.
STREET ADDRESS	1704 CYPRESS TRACE DRIVE	3.3 STREET ADDRESS	2865 Executive Ctr Dr
CITY- ST- ZIP	SAFETY HARBOR FL	3.4 CITY- ST- ZIP	Clearwater, FL 34622
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		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)(a), 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 3/20/95 (813) 573-4829  
(Signature typed or printed name of signing officer or director)