

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:43

DOCUMENT # L84086 (2)

1. Corporation Name
RISSER OIL CORPORATION

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/27/1990** 3a. Date of Last Report: **03/16/1994**
4. FC Number: **59-3017760** 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

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **C/o Jacquelyn Copperheat** 27 **C/o Jacquelyn Copperheat**
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
RICE, MARTIN ERROL
696 1ST AVE NORTH #400
ST PETERSBURG FL 33701

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 _____ (Signature) _____ (NOTE: Registered Agent signature required when re-registering) _____ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D <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	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, BRUCE	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	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMAN, TEDDIE M	3.2 NAME	Copperheat, 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	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATCHUK, KERRY	4.2 NAME	
STREET ADDRESS	2865 EXECUTIVE CTR DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	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 110.07(3)(b), 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. Copperheat Jacquelyn M. Copperheat 3/29/95 (813) 573-4000
SIGNATURE PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)