

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L84086 (2)**  
1. Corporation Name  
**RISSEY OIL CORPORATION**



Principal Place of Business Mailing Address  
**2865 EXECUTIVE CENTER DRIVE  
C/O COPPERWHEAT, JACQUELYN  
CLEARWATER FL 34622  
US**

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

3. Date Incorporated or Qualified **06/27/1990** 3a. Date of Last Report **03/29/1995**  
4. FEI 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

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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent (607.1506, Florida Statutes) (607.1506, Florida Statutes) (607.1506, Florida Statutes)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RISSEY, P. N. III</b>	1.2 NAME	
STREET ADDRESS	<b>2865 EXEC. CENTER DRIVE</b>	1.3 STREET ADDRESS	<b>2865 Executive Drive</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	1.4 CITY-ST-ZIP	<b>Clearwater, FL 34622</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITCHELL, BRUCE</b>	2.2 NAME	
STREET ADDRESS	<b>2865 EXEC. CENTER DRIVE</b>	2.3 STREET ADDRESS	<b>2865 Executive Drive</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	2.4 CITY-ST-ZIP	<b>Clearwater, FL 34622</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COPPERWHEAT, JACQUELYN</b>	3.2 NAME	
STREET ADDRESS	<b>2865 EXECUTIVE CNTR DR</b>	3.3 STREET ADDRESS	<b>2865 Executive Drive</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	3.4 CITY-ST-ZIP	<b>Clearwater, FL 34622</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATCHUK, KERRY</b>	4.2 NAME	
STREET ADDRESS	<b>2865 EXECUTIVE CTR DR</b>	4.3 STREET ADDRESS	<b>2865 Executive Drive</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	4.4 CITY-ST-ZIP	<b>Clearwater, FL 34622</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>T</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>Curran, John</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>2865 Executive Drive</b>
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. Copperheat Jacquelyn M. Copperheat 4/18/96 (813) 573-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)