FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #
1. Corporation Name P12001 ARD OIL COMPANY, INC. Principal Place of Business 20120 HWY 59 **HWY 59** SUMMERDALE AL 36580 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 17 1998 8:00am Secretary of State

CR2E034

Mailing Address P O BXO 100 SUMMERDALE AL 36580 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/03/1986 2a. Mailing Address 4. FEI Number Applied For 63-0691711 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution Country Zip 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes X No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KILLAM, ELTON WM. 6256 EAST BAY BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **GULF BREEZE FL 32561** 63 City 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 Signature, typed or printed name of registered agent and title if applicable INO16 Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1 1 TITLE TITLE RUSSELL, HERBERT G. 1.2 NAME NAME P O BOX 100 NA STREET ADDRESS 1.3 STREET ADDRESS **SUMMERDALE AL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CAUTHEN, EARL R NAME 22 NAME P O BOX 143 NA STREET ADDRESS 2.3 STREET ADDRESS SUMMERDALE AL CITY-ST-ZIP 2.4 City-St-ZIP DELETE Addition Change TITLE 3.1 TITLE RUSSELL, SHARON A. 3.2 NAME NÁME P O BOX 100 STREET ADDRESS 3.3 STREET ADDRESS SUMMERDALE AL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition ARD, MARY ALICE NAME 4 2 NAME P O BOX 100 STREET ADDRESS 4.3 STREET ADDRESS SUMMERDALE AL 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE PHILLIPS. KELLI A 52 NAME NAME P O BOX 100 NA STREET ADDRESS 5.3 STREET ADDRESS SUMMERDALE AL CITY-ST-ZIP 5.4 CiTY - ST - ZiP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 addless.