

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

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FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90291 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38451

1. Corporation Name
SAV-A-TON OIL, INC.



Principal Place of Business P.O. BOX 2549 ROME GA 30164-2549	Mailing Address P.O. BOX 2549 ROME GA 30164-2549
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 800 North Broad Street	2a. Mailing Address 26 PO Box 100210
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27
City & State 23 Rome, GA	City & State 28 Rome, GA
Zip 24 30161 25	Zip 29 30162-2210 30

3. Date Incorporated or Qualified 04/22/1992	Applied For Not Applicable
4. FEI Number 58-1534323	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 607.1508, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAMP, ELIZABETH W.	
STREET ADDRESS	1928 SHORTER AVE.	
CITY-ST-ZIP	ROME GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CARROLL, ROBERT	
STREET ADDRESS	1928 SHORTER AVE.	
CITY-ST-ZIP	ROME GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FINCHER, ROSEMARY	
STREET ADDRESS	1928 SHORTER AVE.	
CITY-ST-ZIP	ROME GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	NEWTON, DON	
STREET ADDRESS	1928 SHORTER AVE.	
CITY-ST-ZIP	ROME GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	800 North Broad Street
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	800 North Broad Street
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	800 North Broad Street
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	800 North Broad Street
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 address, with all other like empowered.

SIGNATURE: Rosemary Fincher Date: 4/26/99 Daytime Phone #: (706) 232-9713

CR2E034 (1/198)