

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

**FILED**  
**Apr 29 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000067528 (7)**  
 1. Corporation Name  
**CONCEPT PETROLEUM, INC.**



Principal Place of Business <b>4606 F.M. 1960 WEST                  400                  HOUSTON TX 77069                  US</b>	Mailing Address <b>4606 F.M. 1960 WEST                  400                  HOUSTON TX 77069-4615                  US</b>
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2. Principal Place of Business <b>21 705 WINDSOR CREEK DR.</b> Suite, Apt. #, etc. <b>22</b>	2a. Mailing Address <b>26 705 WINDSOR CREEK DR.</b> Suite, Apt. #, etc. <b>27</b>	3. Date Incorporated or Qualified <b>09/12/1994</b>	3a. Date of Last Report <b>04/17/1996</b>
City & State <b>23 SOUTHLAKE, TX</b>	City & State <b>28 SOUTHLAKE, TX</b>	4. FEI Number <b>65-0523752</b>	Applied For Not Applicable
Zip <b>24 76092</b>	Country <b>25</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip <b>29 76092</b>	Country <b>30</b>	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**KRIELOW, GARY R. C**  
**2700 PGA BLVD., SUITE 203**  
**SUITE 814**  
**PALM BEACH GARDENS FL 33410**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 fee, if applicable (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PTSD	<input type="checkbox"/> DELETE
NAME	GREER, GARY A	
STREET ADDRESS	4606 F.M. 1960 WEST, SUITE 400	
CITY-ST-ZIP	HOUSTON TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STARR, FRANK F	
STREET ADDRESS	204 TIMBERLAKE WAY	
CITY-ST-ZIP	SOUTHLAKE TX 76092	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	V/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
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 do 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.

SIGNATURE: *Gary A. Greer* **GARY A. GREER** 4-16-97 (281) 539-4689

CR2E034 (9/96)