

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90079 016 ***158.75

DOCUMENT # 446659

1. Corporation Name
EDISON OIL COMPANY

Principal Place of Business

3925 DR M L KING BLVD
FT MYERS FL 33916
US

Mailing Address

PO BOX 982
FT MYERS FL 33902
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1974

4. FEI Number

59-1512831

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

EAKINS, WALTER E SR
3006 PALM BEACH RD
FT MYERS FL 33916

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME EAKINS, SR. WALTER E.
STREET ADDRESS 13890 SLEEPY HOL LN SE
CITY-ST-ZIP FT MYERS SHORES, FL 00000

☐ DELETE

TITLE DVT
NAME HENSHAW, JR., DONALD M.
STREET ADDRESS 11512 TIMBERLINE CIR
CITY-ST-ZIP FT MYERS FL

☐ DELETE

TITLE SD
NAME EAKINS, WALTER E SR
STREET ADDRESS 13890 SLEEPY HOL LN SE
CITY-ST-ZIP FT. MYERS SHORES FL

☐ DELETE

TITLE DVS
NAME OLIVER, ROBERT H.
STREET ADDRESS 13751 ORANGE RIVER BLVD
CITY-ST-ZIP FT MYERS FL

☐ DELETE

TITLE DVT
NAME EAKINS, WALTER E J
STREET ADDRESS 13503 ISLAND RD.
CITY-ST-ZIP FT MYERS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

10836 Pond Ridge Dr.
Ft Myers, FL 33913

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

19211 Persimmon Ridge Rd
Alva, FL 33920

☒ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Walter E Eakins (Pres.)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99
Date

941-334-0151
Daytime Phone #

CR2E034 (11/98)