

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 134407 (6)
1. Corporation Name
CENTRAL OIL CO INC

Principal Place of Business
P.O. BOX 5739
TAMPA FL 33675-5739
US

Mailing Address
P.O. BOX 5739
TAMPA FL 33675-5739
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/10/1937	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-0914530	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MCINTYRE, JAMES E 1001 MCCLOSKEY BLVD. TAMPA FL 33605				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ASD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONDURANT, ROBERT D	1.2 NAME	
STREET ADDRESS	101 E. SABINE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	KILGORE TX	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, RUBEN S III	2.2 NAME	
STREET ADDRESS	101 E. SABINE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	KILGORE TX	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUMEYER, DONALD R	3.2 NAME	
STREET ADDRESS	101 E SABINE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	KILGORE TX	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKELTON, WESLEY	4.2 NAME	
STREET ADDRESS	101 E. SABINE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	KILGORE TX	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTYRE, JAMES E	5.2 NAME	
STREET ADDRESS	1001 MCCLOSKEY BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICK, TIM	6.2 NAME	
STREET ADDRESS	1001 MCCLOSKEY BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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

SIGNATURE:

4-22-98

903-983-6200

CR2E034 (10/97)