

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

FILED  
Mar 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 156443 (4)**  
1. Corporation Name  
**TOM MCDONALD OIL COMPANY, INC.**



Principal Place of Business <b>5008 WEST KNOX STREET TAMPA FL 33634-8028</b>	Mailing Address <b>5008 WEST KNOX STREET TAMPA FL 33634-8028</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>96 N LAKE SUMMIT RD</b> Suite, Apt #, etc. 22 City & State 23 <b>ZIRCONIA, NC</b> Zip Country 24 <b>28790-9704</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>96 N LAKE SUMMIT RD</b> Suite, Apt #, etc. 27 City & State 28 <b>ZIRCONIA, NC</b> Zip Country 29 <b>28790-9704</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>11/13/1948</b>	
		4. FEI Number <b>59-0601991</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input 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>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MARTINDALE, MARY ANN 5008 WEST KNOX STREET TAMPA FL 33614</b>				10. Name and Address of New Registered Agent			
81 Name		<b>ELAINE HOLMES</b>		82 Street Address (P.O. Box Number is Not Acceptable)		<b>12410 OAKLEAF AVENUE</b>	
83				84 City		<b>TAMPA</b>	
				85 State		<b>FL</b>	
				Zip Code		<b>33614</b>	

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 Elaine Holmes **ELAINE HOLMES** DATE **2/19/98**

Signature typed or printed name of registered agent and title of applicant (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>MARTINDALE, MARY ANN</b>		1.2 NAME				
STREET ADDRESS	<b>5006 W. KNOX STREET</b>		1.3 STREET ADDRESS	<b>96 N LAKE SUMMIT RD</b>			
CITY-ST-ZIP	<b>TAMPA FL</b>		1.4 CITY-ST-ZIP	<b>ZIRCONIA, NC 28790-9704</b>			
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>MARTINDALE, NEWELL</b>		2.2 NAME				
STREET ADDRESS	<b>5006 W. KNOX STREET</b>		2.3 STREET ADDRESS	<b>96 N LAKE SUMMIT RD</b>			
CITY-ST-ZIP	<b>TAMPA FL</b>		2.4 CITY-ST-ZIP	<b>ZIRCONIA, NC 28790-9704</b>			
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>BOYETTE, LOUISE</b>		3.2 NAME				
STREET ADDRESS	<b>5006 W KNOX ST</b>		3.3 STREET ADDRESS				
CITY-ST-ZIP	<b>TAMPA FL</b>		3.4 CITY-ST-ZIP				
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>BOYETTE, HAROLD</b>		4.2 NAME				
STREET ADDRESS	<b>5006 W KNOX ST</b>		4.3 STREET ADDRESS				
CITY-ST-ZIP	<b>TAMPA FL</b>		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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: Mary Ann Martindale **MARY ANN MARTINDALE** **3/6/98** **704-693-9470**

CR2E034 (10/97)