


**FILED**  
**May 19, 1999 8:00 am**  
**Secretary of State**

05-19-1999 90020 012 \*\*\*600.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 199388**

1. Corporation Name  
**PETROLEUM PACKERS, INC.**      **AMALIE OIL COMPANY**  
**(NAME CHANGE ONLY)**      **F/K/A PETROLEUM PACKERS, INC**

Principal Place of Business 1601 MCCLOSKEY BLVD. TAMPA FL 33605	Mailing Address 1601 MCCLOSKEY BLVD. TAMPA FL 33605
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/29/1957</b>
21	22	26	27	4. FEI Number <b>59-0810351</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	24	28	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30	

9. Name and Address of Current Registered Agent <b>BISCAYNE REGISTERED AGENTS, INC.</b> <b>109 S.E. SECOND STREET</b> <b>2167 STREET</b> <b>MIAMI FL 33131</b>		10. Name and Address of New Registered Agent	
		81 Name <del>NONE</del> <b>KENNETH D BARKETT</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>1601 MCCLOSKEY BLVD</b>	
		83 City <b>TAMPA</b>	85 Zip Code <b>FL 33605</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:  DATE: **6/27/99**  
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD BARKETT, HARRY J</b>	1.2 NAME	
STREET ADDRESS	<b>1601 MCCLOSKEY BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VSD BARKETT, ANTHONY J</b>	2.2 NAME	
STREET ADDRESS	<b>1601 MCCLOSKEY BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S BARKETT, KENNETH D (ASST</b>	3.2 NAME	
STREET ADDRESS	<b>1601 MCCLOSKEY BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T BARKETT, RICHARD A</b>	4.2 NAME	
STREET ADDRESS	<b>1601 MCCLOSKEY BLVD</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, with all other like empowered.

SIGNATURE:  **KENNETH BARKETT**      04/29/99      813-248-1988  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E034 (1/98)