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Jan 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 225587 (5)

1. Corporation Name
PARTIN OIL COMPANY INC

Principal Place of Business
GEORGE W PARTIN JR
3800 LAKE ALFORD RD. BOX 1271
WINTER HAVEN FL 33882

Mailing Address
P.O. BOX 1271
WINTER HAVEN FL 33882-1271
US

3. Date Incorporated or Qualified 09/01/1959
3a. Date of Last Report 01/19/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 59-0875569
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETER G. KALOGIRDIS
545 1/2 AVE. B, N.W.
WINTER HAVEN FL 33880

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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	PARTIN JR, GEORGE W	1.2 NAME	
STREET ADDRESS	91 ALACHUA DR, SE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN, FL 00000	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	
NAME	PARTIN, PATRICIA O	2.2 NAME	
STREET ADDRESS	91 ALACHUA DR, SE	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN, FL 00000	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	
NAME	PARTIN, ETHEL M	3.2 NAME	
STREET ADDRESS	3437 APPLE MEADOW DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FUQUAY-VARINA NC	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: [Signature] 1-9-97 941-294-1211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)