

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 AM 9:35

DOCUMENT # 230138 (0)

1. Corporation Name
CENTRAL FLORIDA OIL COMPANY

Principal Place of Business Mailing Address
1904 NE JACKSONVILLE RD. 1904 NE JACKSONVILLE RD.
OCALA FL 32670 Ocala FL 32670

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/13/1959
3a. Date of Last Report 06/30/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-0880329		Not Applicable	
22 State, Apt. #, etc.		27 State, Apt. #, etc.		5. Certificate of Status Desired		\$3.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
25 Country		30 Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GREGORY, LARRY R 1904 NE JACKSONVILLE RD. OCALA 34470				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILDE, ANN BROWDER	1.2 NAME	SARRIS, WILDE BROWDER ANN
STREET ADDRESS	7665 S SPALDING LAKE DR.	1.3 STREET ADDRESS	7665 S. SPALDING LAKE DR.
CITY-ST-ZIP	DORAVILLE GA	1.4 CITY-ST-ZIP	ATLANTA, GA 32350
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, BETTY	2.2 NAME	
STREET ADDRESS	3521 SW 42ND ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWDER, SAM M	3.2 NAME	
STREET ADDRESS	RT 6 WEST HILLS	3.3 STREET ADDRESS	
CITY-ST-ZIP	HARRIMAN TN	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, LARRY R	4.2 NAME	
STREET ADDRESS	1904 NE JACKSONVILLE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: LARRY R. GREGORY 1/20/95 904-622-3278
LARRY R. GREGORY DATE DAYTIME PHONE #