

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 276933 (9)

1. Corporation Name

MORRISON TUNG OIL COMPANY



Principal Place of Business

1437 WESSYNGTON ROAD, NORTHEAST
ATLANTA GA 30306

Mailing Address

1437 WESSYNGTON ROAD, NORTHEAST
ATLANTA GA 30306

3. Date Incorporated or Qualified
12/28/1963

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

21 62 York River Road

2a. Mailing Address

26 62 York River Road

4. FEI Number
59-1088073

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State

Williamsburg, VA

28 City & State

Williamsburg, VA

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 23188

25 Country USA

29 Zip 23188

30 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

GORTEMOLLER, JOHN A.
5TH STREET AND 5TH AVE.
MARIANNA FL 32446

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 and top level agent and then applicable

(Print, for power of attorney signing officer only)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MORRISON, D. CRAIG, JR.	
STREET ADDRESS	1437 WESSYNGTON ROAD NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DOBBIN, NATALIE M.	
STREET ADDRESS	1437 WESSYNGTON ROAD NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRISON, NATALIE G.	
STREET ADDRESS	2444 MADISON ROAD	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRISON, LANGDON	
STREET ADDRESS	1437 WESSYNGTON ROAD NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Natalie Morrison	
1.3 STREET ADDRESS	62 York River Road	
1.4 CITY-ST-ZIP	Williamsburg, VA 23188	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Trey Morrison	
2.3 STREET ADDRESS	62 York River Road	
2.4 CITY-ST-ZIP	Williamsburg, VA 23188	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	Cincinnati, OH 45208	
3.4 CITY-ST-ZIP		
4.1 TITLE	President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	62 York River Road	
4.4 CITY-ST-ZIP	Williamsburg, VA 23188	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Heather Morrison	
5.3 STREET ADDRESS	62 York River Road	
5.4 CITY-ST-ZIP	Williamsburg, VA 23188	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Langdon Morrison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(804) 221-8600 8562

CR2E084 (12/95)