

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

FILED

**Apr 06 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 276933 (9)

1. Corporation Name
MORRISON TUNG OIL COMPANY

Principal Place of Business 62 YORK RIVER ROAD WILLIAMSBURG VA 23188	Mailing Address 62 YORK RIVER ROAD WILLIAMSBURG VA 23188
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Morrison Tung Oil Company Suite, Apt. #, etc. 22 P.O. Box 791 City & State 23 TAVERNIER, FLORIDA Zip 24 33070		2a. Mailing Address 25 Morrison Tung Oil Company Suite, Apt. #, etc. 27 P.O. Box 791 City & State 28 TAVERNIER FLORIDA Zip 29 33070		3. Date Incorporated or Qualified 12/28/1963		4. FEI Number 59-1088073		Applied for Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, NATALIE	1.2 NAME	MORRISON, NATALIE
STREET ADDRESS	62 YORK RIVER ROAD	1.3 STREET ADDRESS	P.O. Box 791
CITY-ST-ZIP	WILLIAMSBURG VA 23188	1.4 CITY-ST-ZIP	TAVERNIER, FLORIDA 33070 N/A
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, TREY	2.2 NAME	MORRISON, TREY
STREET ADDRESS	62 YORK RIVER ROAD	2.3 STREET ADDRESS	P.O. Box 791
CITY-ST-ZIP	WILLIAMSBURG VA 23188	2.4 CITY-ST-ZIP	TAVERNIER, FLORIDA 33070 N/A
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, NATALIE G.	3.2 NAME	MORRISON, NATALIE G.
STREET ADDRESS	2444 MADISON ROAD	3.3 STREET ADDRESS	2444 MADISON ROAD
CITY-ST-ZIP	CINCINNATI OH 45208	3.4 CITY-ST-ZIP	CINCINNATI, OHIO 45208
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, LANGDON	4.2 NAME	MORRISON, LANGDON
STREET ADDRESS	62 YORK RIVER ROAD	4.3 STREET ADDRESS	P.O. Box 791
CITY-ST-ZIP	WILLIAMSBURG VA 23188	4.4 CITY-ST-ZIP	TAVERNIER, FLORIDA 33070 N/A
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, HEATHER	5.2 NAME	MORRISON, HEATHER
STREET ADDRESS	62 YORK RIVER ROAD	5.3 STREET ADDRESS	P.O. Box 791
CITY-ST-ZIP	WILLIAMSBURG VA 23188	5.4 CITY-ST-ZIP	TAVERNIER, FLORIDA 33070 N/A
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.

CR2E034 (10/97)