

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 276933

1. Entity Name

MORRISON TUNG OIL COMPANY

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90039 017 ***150.00

Principal Place of Business

Mailing Address

P. O. BOX 791
 TAVERNIER FL 33070
 US

P. O. BOX 791
 TAVERNIER FL 33070-0791
 US

00030084



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1088073

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **SD MORRISON, NATALIE**
 STREET ADDRESS **P. O. BOX 791**
 CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MORRISON, TREY**
 STREET ADDRESS **P. O. BOX 791**
 CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MORRISON, NATALIE G.**
 STREET ADDRESS **2444 MADISON ROAD**
 CITY-ST-ZIP **CINCINNATI OH 45208**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD MORRISON, LANGDON**
 STREET ADDRESS **P. O. BOX 791**
 CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MORRISON, HEATHER**
 STREET ADDRESS **P. O. BOX 791**
 CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Langdon G. Morrison
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/00

305-852-8908

CR: 1 0:14 (MWF)