

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

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**Apr 22 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 # 278801 (6)
1. Corporation Name
SUNNILAND PIPE LINE CO., INC.



Principal Place of Business: **501 S.E. 24TH STREET P. O. BOX 21087 FT. LAUDERDALE FL 33335**
Mailing Address: **501 S.E. 24TH STREET P. O. BOX 21087 FT. LAUDERDALE FL 33335-1087**

3. Date Incorporated or Qualified: **02/24/1964**
3a. Date of Last Report: **06/25/1996**

21	2. Principal Place of Business	22	2a. Mailing Address	4.	FEI Number	Applied For						
	512 S.E. 32ND STREET		P.O. Box 21087		72-0600947	<input type="checkbox"/> Not Applicable						
22	Suite, Apt #, etc:	26	Suite, Apt #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required						
23	23. City & State	27	27. City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees						
	FT. LAUDERDALE FL		FT. LAUDERDALE FL									
24	24. Zip	25	25. Country	28	28. Zip	29	29. Country	30	30. Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	33316		USA		33335		USA		USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRASHIER, JR., L. B. 501 S.E. 24TH ST. FT. LAUDERDALE FL 33335				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRASHIER, JR., L. B.	1.2 NAME	
STREET ADDRESS	501 S.E. 24TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRASHIER, JOHN DAVID	2.2 NAME	
STREET ADDRESS	38277 BULLION SWITCH RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PRAIRIEVILLE LA	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, DUNN	3.2 NAME	
STREET ADDRESS	505 NORTH BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BATON ROUGE LA	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<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 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: J.D. BRASHIER 4/10/97 (954) 467-0769
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)