

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 279752 (0)

1. Corporation Name

FRANK CARROLL OIL COMPANY



Principal Place of Business

2958 FOWLER ST
P. O. BOX 2158 (2020 HWY. 17 S.)
FT MYERS FL 33901
US

Mailing Address

2958 FOWLER ST
P. O. BOX 2158 (2020 HWY. 17 S.)
FT MYERS FL 33901
US

3. Date Incorporated or Qualified
03/24/1964

3a. Date of Last Report
07/20/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number

59-1039090

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

WOLFE, ROBERT J
2300 MURRY RD
ALVA FL 33920

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 name of registered agent and the corporation (NOTE: Registered Agent signature required when filing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE P
NAME CHILDS, MARTHA R
STREET ADDRESS 3115 SE MONTGOMERY CIRCLE
CITY-STATE-ZIP ARCADIA FL

TITLE VP
NAME WOLFE, ROBERT J
STREET ADDRESS 2300 MURRY RD
CITY-STATE-ZIP ALVA FL

TITLE ST
NAME BENTN, WILLIAM R
STREET ADDRESS 12500 EQUESTRIAN CIRCLE 215
CITY-STATE-ZIP FT MYERS FL

TITLE DT
NAME BRUWELHEIDE, DALE A
STREET ADDRESS 2020 U.S. HWY 17 S.
CITY-STATE-ZIP BARTOW FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/96

(941) 334-2345

CR2E034 (12/95)