

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 356435

Entity Name: JIM HINTON OIL CO., INC.

FILED  
Jan 16, 2008  
Secretary of State

## Current Principal Place of Business:

204 N. E. HAINES ST.  
LIVE OAK, FL 32060

## New Principal Place of Business:

204 N. E. HAINES ST.  
LIVE OAK, FL 32064

## Current Mailing Address:

P.O. BOX 39  
204 HAINES STREET  
LIVE OAK, FL 32064 US

## New Mailing Address:

FEI Number: 59-1275843      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HINTON, S L  
204 NE HAINES ST  
LIVE OAK, FL 32060 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: HINTON, JUDITH A.  
Address: 812 SMITHBRIAR DR  
City-St-Zip: VALDOSTA, GA 31602

Title: D ( ) Delete  
Name: HINTON, S L  
Address: 204 NE HAINES ST  
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete  
Name: HINTON, J. THOMAS III  
Address: 812 SMITHBRIAR DR.  
City-St-Zip: VALDOSTA, GA 31602

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HINTON, S L  
Address: 204 NE HAINES ST  
City-St-Zip: LIVE OAK, FL 32064

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. L. HINTON

D

01/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date