

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

FILED
Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 371905 (1)
 1. Corporation Name
E.O. KOCH OIL CO.



Principal Place of Business 3504 OFFICE PARK ROAD P.O. BOX 1965 SEBRING FL 33871	Mailing Address 3504 OFFICE PARK ROAD P.O. BOX 1965 SEBRING FL 33871-1965
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/28/1970	3a. Date of Last Report 03/26/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1305908	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

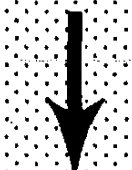
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KOCH JR, EDWARD O 1908 DELEON PL SEBRING FL 33870		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	FL
		B5 Zip Code	

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.

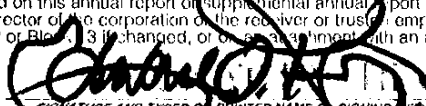
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLSTON, CLARENCE	1.2 NAME	
STREET ADDRESS	207 IVY AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH JR, EDWARD O	2.2 NAME	
STREET ADDRESS	1908 DELEON PALACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP	
TITLE	VPS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, LOUISE S	3.2 NAME	
STREET ADDRESS	1908 DELOEN PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	
TITLE	VPT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, MIKE	4.2 NAME	
STREET ADDRESS	4502 LAFAYETTE AV.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP	
TITLE		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		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	

**SIGN
HERE**



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 a statement with an address.

SIGNATURE:  **3-28-97** (941) 385-6188

CR2E034 (9/96)