FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 382777 (1)

1. Corporation Name
NUGGET OIL, INC.

Principal Place of Business	Mailing Address
100 OLD MILLIGAN RD P. O. BOX 1297 CRESTVIEW FL 32536	100 OLD MILLIGAN RD P. O. BOX 1297 CRESTVIEW FL 32536

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/25/1971
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-1351217 ☐ 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

WARD, ALAN
5903 OLD BETHEL ROAD
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5806 Stuff Rd
83
84 City: Crestview FL 85 Zip Code: 32536

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	D	11 TITLE	☐ Change ☑ Addition
NAME	TEEL, BILLY D	12 NAME	Jon Fedorczuk
STREET ADDRESS	322 POWELL DR	13 STREET ADDRESS	604 Moss Dr.
CITY-ST-ZIP	FT WALTON BCH, FL 00000	14 CITY-ST-ZIP	Crestview FL 32536
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, RANDALL P	22 NAME	
STREET ADDRESS	188 GRANDVIEW AVE	23 STREET ADDRESS	
CITY-ST-ZIP	VALPARAISO, FL 00000	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GIESEN, ANDREW F	32 NAME	
STREET ADDRESS	558 MOONEY RD	33 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH, FL 00000	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	WARD, ALAN B	42 NAME	
STREET ADDRESS	OLD BETHEL ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW, FL 0	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HERVIS,WARD W	52 NAME	
STREET ADDRESS	OLD BETHEL RD	53 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW, FL 00000	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is truthfully furnished and 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 added by attachment with an address.

SIGNATURE: _____ 4-26-95 904-682-7114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0476106 FF