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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90079 016 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 446659

1. Corporation Name
EDISON OIL COMPANY



Principal Place of Business: 3925 DR M L KING BLVD FT MYERS FL 33916 US
 Mailing Address: PO BOX 982 FT MYERS FL 33902 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1974
 4. FEI Number: 59-1512831 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 owes the current year Intangible Personal Property Tax: Yes No

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

9. Name and Address of Current Registered Agent: EAKINS, WALTER E SR 3006 PALM BEACH RD FT MYERS FL 33916
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	DELETED <input type="checkbox"/>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: EAKINS, SR. WALTER E.		1.2 NAME	
STREET ADDRESS: 13890 SLEEPY HOL LN SE		1.3 STREET ADDRESS: 10836 Pond Ridge Dr.	
CITY-ST-ZIP: FT MYERS SHORES, FL 00000		1.4 CITY-ST-ZIP: Ft Myers, FL 33913	
TITLE: DVT	DELETED <input type="checkbox"/>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HENSHAW, JR., DONALD M.		2.2 NAME	
STREET ADDRESS: 11512 TIMBERLINE CIR		2.3 STREET ADDRESS	
CITY-ST-ZIP: FT MYERS FL		2.4 CITY-ST-ZIP	
TITLE: SD	DELETED <input type="checkbox"/>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: EAKINS, WALTER E SR		3.2 NAME	
STREET ADDRESS: 13890 SLEEPY HOL LN SE		3.3 STREET ADDRESS	
CITY-ST-ZIP: FT. MYERS SHORES FL		3.4 CITY-ST-ZIP	
TITLE: DVS	DELETED <input type="checkbox"/>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: OLIVER, ROBERT H.		4.2 NAME	
STREET ADDRESS: 13751 ORANGE RIVER BLVD		4.3 STREET ADDRESS: 19211 Persimmon Ridge Rd	
CITY-ST-ZIP: FT MYERS FL		4.4 CITY-ST-ZIP: Alva, FL 33920	
TITLE: DVT	DELETED <input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: EAKINS, WALTER E J		5.2 NAME	
STREET ADDRESS: 13503 ISLAND RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP: FT MYERS FL		5.4 CITY-ST-ZIP	
TITLE: _____	DELETED <input type="checkbox"/>	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 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, with all other like empowered.

SIGNATURE: Walter E. Eakins, Jr. (Pres.) 4/15/99 941-334-0151
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)