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 MAY -1 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 626144 (0)

1. Corporation Name
OIL & GAS, INC.

Principal Place of Business	Mailing Address
5820 NORTH FEDERAL HWY SUITE B BOCA RATON FL 33487	5820 NORTH FEDERAL HWY SUITE B BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 1100 5TH AVE SO.	2a. Mailing Address: 26 1100 5TH AVE SO
Suite, Apt #, etc: 22 201	Suite, Apt #, etc: 27 201
City & State: 23 NAPLES, FL	City & State: 28 NAPLES, FL
Zip: 24 33940 Country: 25 U.S.	Zip: 29 33940 Country: 30 U.S.

3. Date Incorporated or Qualified: 06/05/1979
3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-1963627 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
% SHUTTS & BOWEN
201 S BISCAYNE BLVD
MIAMI FL 33131

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☑ Change ☐ Addition
NAME	PICKEL, GARY R.	1.2 NAME	
STREET ADDRESS	~~5820 NORTH FED HWY~~	1.3 STREET ADDRESS	1100 5TH AVE SO. #201
CITY ST ZIP	~~BOCA RATON, FL 00000~~	1.4 CITY ST ZIP	NAPLES, FL 33940
TITLE	~~TD~~	2.1 TITLE	☐ Change ☐ Addition
NAME	~~JOHNSON, W J~~	2.2 NAME	delete
STREET ADDRESS	~~5820 NORTH FED HWY~~	2.3 STREET ADDRESS	
CITY ST ZIP	~~BOCA RATON, FL 00000~~	2.4 CITY ST ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	PERRONE, STEPHEN L	3.2 NAME	
STREET ADDRESS	201 S BISCAYNE BLVD	3.3 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 00000	3.4 CITY ST ZIP	
TITLE	~~AS~~	4.1 TITLE	☐ Change ☐ Addition
NAME	~~DURANSEAU R.~~	4.2 NAME	delete
STREET ADDRESS	~~5820 N. FED. HWY.~~	4.3 STREET ADDRESS	
CITY ST ZIP	~~BOCA RATON FL~~	4.4 CITY ST ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☑ Addition
NAME	WANKLYN, JOHN A.	5.2 NAME	
STREET ADDRESS	1100 5TH AVE SO. #201	5.3 STREET ADDRESS	
CITY ST ZIP	NAPLES, FL 33940	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST 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)(i), Florida Statutes. I further certify that the information indicated on the 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: John A. Wanklyn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN A. WANKLYN

Date: /
Daytime Phone #: 813-649-5445

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