PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 07, 1999 8:00 am Secretary of State

05-07-1999 90115 048 ***150.00

1. Corporatio							
OIL & G	AS, INC.						
Principal Plac	e of Business	Mailing Address			I EQULUR DITTO THAT BELOW HELD BEING BEING BEING BEING		
1100 SOUTH 5		1100 SOUTH 5TH AVE					
STE 201 STE 201					DO NOT WRITE IN THIS	SOACE	
NAPLES FL 34102 NAPLES FL 33940 US US					3. Date Incorporated or Qualifed	- SFAOL	
03		00			06/05/1979		}
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apı	plied For
21 26					59-1963627		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	
22 27						Fee Re	`
	City & State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added_tr	•
Zip	Country Zip Coi		Country		8. This corporation owes the current year In		0.1669
24	25	29 30	_ ·		Personal Property Tax.		No
	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered	Agent	
_			81	Name			
CORPORATION COMPANY OF MIAMI				Street A	ddress (P.O. Box Number is Not Acceptable)		
% SHUTTS & BOWEN							
201 S BISCAYNE BLVD MIAMI FL 33131			83				
MIMI	MI FE 33 (3)		84	City		85 Zip C	Code
	4.0-20-007.0500		the chaus	nomod o	FL		registered
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.							
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	a Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agen	t signature req	quired when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	WANTE IN, BOTH A.		1.2 NAME				
STREET ADDRESS	1100 000111 0111 7/12 #201		1.3 STREET	ADDRESS			\
CITY-ST-ZIP	1711 220 1		1.4 CITY-ST	r-ZIP		V/I Change	Addition
TITLE	3D		2.1 TITLE	İ		Change	_
NAME	Control, OTENA		2.2 NAME 2.3 STREET	ADDOESS	1486 NORTHGATE	DOWNS	-
STREET ADDRESS	•		2.4 CITY-5	1	1406 NORTHORIZE	THIVE	
CITY-ST-ZIP			3.1 TITLE	. 4.11		Change	Addition
NAME			3.2 NAME				
STREET ADDRESS	1001 0015 115 011		3.3 STREET	ADDRESS			
- CITY-ST-ZIP	NAPLES FL		13.4.1 CITY - S	T-ZIP -			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	- 1			{
CITY-ST-ZIP		C) beleve	4.4 CITY-ST	r-ZiP		☐ Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			□ change	L Addition
NAME			5.3 STREET	ADORESS			1
STREET ADDRESS			5.4 CITY-ST				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition (
NAME		C 200010	6.2 NAME			_ ' "	_
STREET ADDRESS	1		6.3 STREET	ADDRESS			

6.4 CITY-ST-ZIP 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 suppliemental 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:

STREET ADDRESS

APRIL 29, 1999 941-649-5445