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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 27 1996 8:00 am
Secretary of State

DOCUMENT # 670036 (3)

1. Corporation Name

PENINSULAR PETROLEUM COMPANY

Principal Place of Business

ROUTE 2, BOX 1190
P O BOX 937 (ZIP CODE: 32112)
CRESCENT CITY FL 32112-0937

Mailing Address

P.O. BOX 937
24
CRESCENT CITY FL 32112
US



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CODD, CHARLES P
ROUTE 2, BOX 1190
CRESCENT CITY 32112

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MILLER, GEORGE C, JR
STREET ADDRESS 201 LAKESHORE DRIVE
CITY-STATE-ZIP CRESCENT CITY, FL 00000

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

TITLE DS ☐ DELETE
NAME MILLER, THOMAS A
STREET ADDRESS 195 CHESTNUT
CITY-STATE-ZIP CRESCENT CITY, FL 00000

21 TITLE ☒ Change ☐ Addition
22 NAME DS
23 STREET ADDRESS MILLER, THOMAS A
24 CITY-STATE-ZIP 331 CENTRAL AVE
CRESCENT CITY, FL 32112

TITLE PD ☐ DELETE
NAME CODD, CHARLES P.
STREET ADDRESS 604 LEMON AVE.
CITY-STATE-ZIP CRESCENT CITY, FL 00000

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME REMBERT, DAVIS M
STREET ADDRESS 2018 N E 27TH AVENUE
CITY-STATE-ZIP GAINESVILLE, FL 00000

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME HAMRICK, RICHARD
STREET ADDRESS 331 CENTRAL AVE
CITY-STATE-ZIP CRESCENT CITY FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME ATKINS, JAMES G
STREET ADDRESS 105 E BRANTLEY RD
CITY-STATE-ZIP LONGWOOD FL

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 Feb 96

904-698-2022

Date

Daytime Phone #

CR2E034 (12/95)