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FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 05/13/1980	
4. FEI Number 59-1997391	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. 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
85	Zip Code

FL

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	1.1 TITLE	D
NAME	MILLER, GEORGE C, JR	1.2 NAME	MILLER, DANIEL
STREET ADDRESS	201 LAKESHORE DRIVE	1.3 STREET ADDRESS	98 LAKE SHORE DRIVE
CITY-ST-ZIP	CRESCENT CITY, FL 00000	1.4 CITY-ST-ZIP	CRESCENT CITY, FL 32112
TITLE	DS	2.1 TITLE	
NAME	MILLER, THOMAS A	2.2 NAME	
STREET ADDRESS	331 CENTRAL AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	CODD, CHARLES P.	3.2 NAME	
STREET ADDRESS	804 LEMON AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	REMBERT, DAVIS M	4.2 NAME	
STREET ADDRESS	2018 N E 27TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	HAMRICK, RICHARD	5.2 NAME	
STREET ADDRESS	331 CENTRAL AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	ATKINS, JAMES G	6.2 NAME	
STREET ADDRESS	105 E BRANTLEY RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	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 in an attachment with an address.

CR2E034 (10/97)