


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **704678** (2)

1. Corporation Name

**OIL FUEL INSTITUTE OF FLORIDA INC**

Principal Place of Business

P O BOX 533562  
ORLANDO FL 32853-0562

Mailing Address

P O BOX 533562  
ORLANDO FL 32853-3562



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/18/1962</b>		3a. Date of Last Report <b>05/01/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-1720361</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BARKER, MARK**  
**P.O. BOX 533562**  
**ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name	<b>MARIL BARKER</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>714 N. HYER</b>		
83			
84 City	<b>ORLANDO</b>	85 Zip Code	<b>FL 32803</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRIS, JIM</b>	1.2 NAME	
STREET ADDRESS	<b>1100 S. NEWTHIGHWAY 441</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MT. DORA FL 32757</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REGISTER, FREEMAN</b>	2.2 NAME	<b>COOKSAY, BRYAN</b>
STREET ADDRESS	<b>BOX 1209 N/A</b>	2.3 STREET ADDRESS	<b>P.O. Box 2221 (N/A)</b>
CITY-ST-ZIP	<b>STARKE FL</b>	2.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32203</b>
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CULLER, LEE</b>	3.2 NAME	
STREET ADDRESS	<b>343 CARSWELL AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLY HILL FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **4-28-97**

CR2E037 (9/96)