FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

			-	1996				
 	_	_						

Suite, April 4, etc. Suite, April 4, etc.	1. Corporation	MENT # 81285 VFORD OIL COMPANY, INC	V.)			 			. 11: 11:11 0:11:11
220 STATE ST PO DOE 102 PO DOE 102 PO DOE 103 PO DOE 103 PO DOE 104 PO DOE 104 PO DOE 104 PO DOE 104 PO DOE 105 P	Principal Place	of Business	Mailing Address				I			AN BIANT AND HAR
Densitual Pasour of Business 2a. Mailing Autorida 2b Suite, Apt. R. etc. 2c Suite, Apt. R. etc. 2c Suite, Apt. R. etc. 2c Suite, Apt. R. etc. 2d Suite 2d Suite	P.O. BOX 1	20	3229 STATE ST. P.O. BOX 120	3229 STATE ST. P.O. BOX 120			3. Data Incorporated a Qualified	Jan Dohn		
Proclaim Place of Business 28. Mailra Adaleses 1. FEL Northor Applied To 28 3. State, April #, etc. 5. Conficulte of Status Described 58.75 Adaltique Fen Required City & State 2. Country 2. Cou								1		
Suite, April 8, etc. Suite, April 8, etc.		ace of Business					4. FEI Number	1		
City & State Ci	Suite, Apt.	#, etc.					16-0785913			Not Applicable
26 Country	2						5. Certificate of Status Desired		•	
Country Zep 30 Country Zep 30 Rounds Roun	City & State									
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name and Address of Current Registered Agent 12. Name and Address of Current Registered Agent 13. Name 12. Name and Address of New Registered Agent 14. Name 15. Name and Address of New Registered Agent 15. Name and Address of New Registered Agent 16. Name and Address of New Registered Agent 17. Pursuant to the provisions of Sectors 607 0502, Florids Statutes, the above remed corporation submits the statement for the purpose of changing its registered of progressing agent, or both, in the State of Torids Such change was authorized by the corporation's board of directors. I hereby accept the appointment are registered agent, and statement for the purpose of changing its registered agent, and statement for the purpose of changing its registered agent. I and statement for the purpose of changing its registered agent, and statement for the purpose of changing its registered agent. I and statement for the purpose of changing its registered agent. I and statement for the purpose of changing its registered agent. I and statement for the purpose of changing its registered agent. I and statement for the purpose of changing its registered agent. I and statement for the purpose of changing its registered agent. I and statement for the purpose of changing its registered agent. I and statement for the purpose of changing its registered agent. I and statement for the purpose of changing its registered agent. I and statement for the purpose of changing its registered agent. I and statement for the purpose of changing agent for the purpose of changing and for the purpose of changing agent for the purpose of changing and purpose o		Country		T Cou	intrv					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 63 64 Cay FL	4]	25	29	F	., ,				under s	, 199.032,
CT CORPORATION SYSTEM 1200 S. PIKE ISLAND ROAD PLANTATION FL 33324 64 City FL 85 Zirge Address (P.O. Box Number is Not Acceptable) 63 64 City FL 85 Zirge Code Formular with the provisions of Sections 607 0502 and 607 1508. Floridal Statutes, the above named corporation submits this statement for the purpose of changing its registered of both in the State of Floridal Scute orange was authorized by the corporation's board of directors. I hereby accept the appointment as registered of both in the State of Floridal Scute orange was authorized by the corporation's board of directors. I hereby accept the appointment as registered of agent. I an International accept the clipping or of, Section 607 0005, Floridal Statutes. CRAYURE 50 OFFICERS AND DIRECTIONS 11 THILE PD DELETE 11 THILE CRAWFORD, JOHN H 12 HAME 33 SASI NEAL RD CALEDONIA NY 14 LOTY-S1-2P CALEDONIA NY 14 LOTY-S1-2P CRAWFORD, JUDITH B. 22 AWE 33 SIRELA RORSS AS39 NEALE RD. 23 SIRELA RORSS N. S1-2P CALEDONIA NY 24 CITY-S1-2P 14 THILE CRAWFORD, J. ERNEST 35 SIRELA RORSS N. S1-2P CALEDONIA NY 30 DELETE 31 SIRELA RORSS N. S1-2P CALEDONIA NY 31 THILE Change Addition 44 CITY-S1-2P 44 CITY-S1-2P 54 CITY-S1-2P 54 CITY-S1-2P 55 CALEDONIA NY 55 SIRELA RORSS 45 SIRELA RORSS 45 SIRELA RORSS 15 SIA		9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New R	egistered Ag	ent	
1. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florids Statutes, the above named corporation submits the statement for the purpose of changing fits registered agent, or both, in the State of Florids. Submit or being was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am for the corporation of the purpose of changing fits registered or or registered agent, or both, in the State of Florids. Submit of the purpose of changing fits registered or or registered agent. I am for the purpose of changing fits registered agent. I am for the purpose of for fits registered agent. I am for the purpose of fits fit am for purpose of fits fit and in a agent fits registered agent. I am for the purpose of fits fit am for the purpose of fits fit am for the purpose of fits fit am for fit and fit am for the purpose of fits fit am for fit and fit am for the purpose of fits fit am for fit and fit am for the purpose o	CT CO	DDADATIAN CYCTEM			81					
PLANTATION FL 33324 83					82	Street Addre	ess (P.O. Box Number is Not Acceptab	e)		
1. 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 of 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 an arrange of a change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I an arrange of a change of the provision o					83					
1. 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 of 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 an arrange of a change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I an arrange of a change of the provision o					84	City			oe -,	in Codo
termiter with, and accept the obligations of, Section 607,0505, floride Statutes CRNATURE CRNA	14 5							- I - I	Į.	
Addition Additi	TELE	PD		1.17			ADDITIONS/CHANGES TO OFFI			ORS IN 12
IN-SI-ZIP CALEDONIA NY LEE SD DELETE 2 1 TITLE	VAM: STHEET ADDRESS					#UUBESS				
CRAWFORD, JUDITH B. 22 MANE 3639 NEALE RD. CALEDONIA NY 24 CITY - ST - ZIP VPD DELETE 31 THE CRAWFORD, J. ERNEST STATE STREET CALEDONIA NY CRAWFORD, J. ERNEST STATE STREET CALEDONIA NY DELETE 41 THE CRAWFORD 42 MANE 42 MANE 42 MANE 44 CITY - ST - ZIP LE ME 44 CITY - ST - ZIP LE DELETE 51 THE DELETE 61 THE CRAWFORD SS STREET ADDRESS TY - ST - ZIP LE DELETE 51 THE DELETE 61 THE DELETE 61 THE CRAWFORD SS STREET ADDRESS TY - ST - ZIP LE DELETE 51 THE DELETE 61 THE CRAWFORD SS STREET ADDRESS TY - ST - ZIP LE DELETE 61 THE DELETE	11Y - S1 - ZIP									
### Addition ### Addition ### Addition ### CRAWFORD, J. ERNEST ### EREI ADDRESS STATE STREET ### DELETE ### DELETE ### DELETE ### Addition #### Addition #### Addition #### Addition #### Addition #### Addition #### Addition ##### Addition ###################################			☐ DELETE						Change	☐ Addition
CALEDONIA NY LIF VPD CRAWFORD, J. ERNEST STATE STREET 32 MAME STATE STREET 33 STREET ADDRESS DY. S1-ZIP LE DELETE 41 TITLE Change Addition Ad						ADDDSOC				
VPD	TY - ST - ZIP									
STATE STREET CALEDONIA NY 33 STREET ADDRESS ITY ST 2IP LE LE LE LE LE LE LE LE LE L	ILF	VPD	☐ DELETE						Change	☐ Addition
A CITY-ST-ZIP CALEDONIA NY 3 4 CITY-ST-ZIP LE 4 1 TITLE 4 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP LE DELETE 5 1 TITLE 5 2 NAME ADDRESS 4.5 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ME 6 1 TITLE 6 1 TITLE 6 3 STREET ADDRESS 7 - ST-ZIP LE 6 1 TITLE 6 3 STREET ADDRESS 7 - ST-ZIP LE 6 1 TITLE 6 3 STREET ADDRESS 7 - ST-ZIP LE 6 1 TITLE 6 3 STREET ADDRESS 7 - ST-ZIP LE 6 1 TITLE 6 3 STREET ADDRESS 7 - ST-ZIP LE 6 1 TITLE 6 4 CITY-ST-ZIP LE 6 1 Condition 6 2 NAME 6 3 STREET ADDRESS 7 - ST-ZIP LE 6 1 TITLE 6 4 CITY-ST-ZIP LE 6 1 Condition 6 2 NAME 6 3 STREET ADDRESS 7 - ST-ZIP LE 6 1 Condition 6 2 NAME 6 3 STREET ADDRESS 7 - ST-ZIP LE 6 1 Condition 6 2 NAME 6 3 STREET ADDRESS 7 - ST-ZIP LE Change Addition Addi	Mł			3 2 NA	ME					
DELETE 4 1 11 11 12		A								
A2 NAME A3 STREET ADDRESS (Y-SI-ZIP LE DELETE DELETE 5 1 THLE 52 NAME 52 NAME 53 STREET ADDRESS (Y-SI-ZIP LE DELETE 6 1 THLE 6 3 STREET ADDRESS (Y-SI-ZIP LE DELETE 6 4 THLE 6 3 STREET ADDRESS (Y-SI-ZIP LE ME 63 STREET ADDRESS (Y-SI-ZIP LE ME 64 CHY-SI-ZIP LE G 54 NAME 63 STREET ADDRESS (Y-SI-ZIP LE G 1 STREET ADDRESS (Y-SI-ZIP LE G 1 STREET ADDRESS (Y-SI-ZIP LE G 2 NAME 63 STREET ADDRESS (Y-SI-ZIP LE G 3 STREET ADDRESS (Y-SI-ZIP LE G 4 CHY-SI-ZIP LE G 4 CHY-SI-ZIP LE G 52 NAME G 3 STREET ADDRESS (Y-SI-ZIP LE G 3 STREET ADDRESS (Y-SI-ZIP LE G 4 CHY-SI-ZIP LE G 52 NAME G 3 STREET ADDRESS (Y-SI-ZIP LE G 4 CHY-SI-ZIP LE G 52 NAME G 3 STREET ADDRESS (Y-SI-ZIP LE G 4 CHY-SI-ZIP LE G 52 NAME G 3 STREET ADDRESS (Y-SI-ZIP LE G 1 STREET ADDRESS (Y-SI-ZIP LE G 1 STREET ADDRESS (Y-SI-ZIP LE G 1 STREET ADDRESS (Y-SI-ZIP LE G 1 STREET ADDRESS (Y-SI-ZIP ADDRESS (Y-SI-ZI	ILE	ONLEDONIN III	☐ DELETE			- 218			Change	☐ Addition
A 4 CITY-ST-ZIP LE DELETE 5.1 TITLE	AME			4.2 NA	ME				•	
DELETE 5.1 TITLE Change Addition ME REFI ADDRESS IY-SI-ZIP LE DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-SI-ZIP 6.1 TITLE 6.3 STREET ADDRESS 6.4 CITY-SI-ZIP L L 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 concertion or the receiver a trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 inhanger, or or an attachment with an address.	IREFT ADDRESS			4.3 ST	REET A	ADDRESS				
ME REFI ADDRESS Y. ST-ZIP LE DELETE DELETE 6 1 TITLE 6 2 NAME 6 2 NAME 6 3 STREET ADDRESS 4 CITY-ST-ZIP L do hereby certify that the information supplied with this filing is voluntarily funished 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 appears in Block 12 or Block 13 in phanger, or or an attachment with an address.	TV-S1-7IP		□ DELETE			- ZiP			^hon	FT #aassa
S 3 STREET ADDRESS AY ST-ZIP LE DELETE DELETE 6 1 TITLE 6 1 TITLE Change Addition 52 NAME 63 STREET ADDRESS Y-S1-ZIP L I do hereby certify that the information supplied with this filing is votentiarily funished 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 conformation or the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in phanger, or or an attachment with an address.	AME		L. Decete			ĺ		LJ (лапде	LI AUDITON
DELETE 6 1 TITLE Change Addition ME ME HEET ADDRESS Y-S1-ZIP I. I do hereby certify that the information supplied with this filing is votentiarily funished 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 conformation or the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in phanged, or or an attachment with an address.	REFT ADDRESS			•		ADDRESS				
ME #ELT ADDRESS Y-S1-ZIP I. I do hereby certify that the information supplied with this filing is votentiarily funished 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 appears in Block 12 or Block 13 in phanged, or or an attachment with an address.	IY - ST - ZIP					- ZIP				
HELI ADDRESS Y-S1-ZIP 1. I do hereby certify that the information supplied with this filing is votantarily 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 conformation or the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in phanged, or organizationment with an address.	LLE LME		☐ DELETE						hange	Addition
Y-SI-ZIP I. 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), Fiorida Statutes. I further certify that the information indicated on this annual export or supplemental armulal 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 introduced to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if phanged, or organizationment with an address.	J					Minorce				
Lob hereby certify that the information supplied with this filing is volentarily 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 conforation or the receiver a trusted enhancement of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if phanes, or open attachment with an address.	Y-ST-ZIP									
oath; that I am an officer or director of the corporation or the receiver of trusted enviowered 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.	4. I do hereby	certify that the information supplied w	th this filing is voluntarily f	miched and	1000	not qualify for	the exemption stated in Section 119.0	7(3)(k), Florida	Statut	es. I further
IGNATURE: 1/1/1/1/1/1/1/1/96	appears in	BIOCK 12 of Block 13 if onlanged, or of	n an attachment with an ac	igrees						,
SIGNATURE AND THEE OF SIGNING OFFICER OF DIRECTOR CHE CHE CHE CHECK	SIGNAT	URE: //////	7	_			4/27/96			