

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90005 018 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 812859

1. Corporation Name  
**CRAWFORD OIL COMPANY, INC.**



Principal Place of Business 3229 STATE ST. P.O. BOX 120 CALEDONIA NEW YORK 14423	Mailing Address 3229 STATE ST. P.O. BOX 120 CALEDONIA NEW YORK 14423
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/11/1958</b>	
4. FEI Number <b>16-0785913</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CRAWFORD, JOHN H</b>		1.2 NAME <b>CRAWFORD, J. ERNEST</b>
STREET ADDRESS <b>3639 NEAL RD</b>		1.3 STREET ADDRESS <b>3229 STATE ST. P.O. BOX 120</b>
CITY-ST-ZIP <b>CALEDONIA NY</b>		1.4 CITY-ST-ZIP <b>CALEDONIA, NY. 14422-0120</b>
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CRAWFORD, JUDITH B.</b>		2.2 NAME
STREET ADDRESS <b>3639 NEALE RD.</b>		2.3 STREET ADDRESS
CITY-ST-ZIP <b>CALEDONIA NY</b>		2.4 CITY-ST-ZIP
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CRAWFORD, J. ERNEST</b>		3.2 NAME
STREET ADDRESS <b>STATE STREET</b>		3.3 STREET ADDRESS
CITY-ST-ZIP <b>CALEDONIA NY</b>		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # **716-538-2299**

CR2E034 (5/99)