

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 25 AM 7:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 826320 (4)

1. Corporation Name  
**AUTRY PETROLEUM COMPANY**

Principal Place of Business	Mailing Address
104 COMMERCIAL DRIVE PO BOX 2157 THOMASVILLE GA 31799-9157	104 COMMERCIAL DRIVE PO BOX 2157 THOMASVILLE GA 31799-9157

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>06/14/1971</b>	3a. Date of Last Report <b>04/26/1994</b>
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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	29
25	30

4. FEI Number <b>58-1075014</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
6. 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

**WISTHUFF, RICHARD R.  
3001 VALLEYBROOK RD.  
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>AST</b>
NAME	<b>TYUS, BECKI W.</b>
STREET ADDRESS	<b>140 W. STEVENS ST</b>
CITY - ST - ZIP	<b>CAMILLA GA</b>
TITLE	<b>VD</b>
NAME	<b>AUTRY, LOUIS M</b>
STREET ADDRESS	<b>RT. #1</b>
CITY - ST - ZIP	<b>MEIGS GA</b>
TITLE	<b>D</b>
NAME	<b>FRAZIER, JOE R.</b>
STREET ADDRESS	<b>P.O. BOX 1007 N/A</b>
CITY - ST - ZIP	<b>HAZELHURST GA</b>
TITLE	<b>D</b>
NAME	<b>DRAFFIN &amp; TUCKER (CPA)</b>
STREET ADDRESS	<b>2817 GILLIONVILLE RD</b>
CITY - ST - ZIP	<b>ALBANY GA</b>
TITLE	<b>D</b>
NAME	<b>TYSON, WILLIAM F., JR.</b>
STREET ADDRESS	<b>78 EAST BROAD STREET</b>
CITY - ST - ZIP	<b>CAMILLA GA</b>
TITLE	<b>PD</b>
NAME	<b>AUTRY, DANIEL E.</b>
STREET ADDRESS	<b>121 IMPERIAL DRIVE</b>
CITY - ST - ZIP	<b>THOMASVILLE GA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>STD</b>
1.3 STREET ADDRESS	<b>Autry, Joseph Lynn</b>
1.4 CITY - ST - ZIP	<b>605 Moultrie Rd. Camilla, GA - 31730</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

*J. Lynn Autry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**J. Lynn Autry**  
**SEC/TREAS.**

**02/02/95** **9/2/226-2680**  
Date Expires