


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90043 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 826320					
1. Corporation Name AUTRY PETROLEUM COMPANY					
Principal Place of Business 211 INDUSTRIAL BLVD. THOMASVILLE GA 31792-6344 US			Mailing Address 211 INDUSTRIAL BLVD. THOMASVILLE GA 31792-6344 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/14/1971	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 58-1075014	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <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		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL 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 _____					
12. OFFICERS AND DIRECTORS					
TITLE	AST <input type="checkbox"/> DELETE				
NAME	TYUS, BECKI W.				
STREET ADDRESS	140 W. STEVENS ST				
CITY-ST-ZIP	CAMILLA GA 31730				
TITLE	DSVP <input type="checkbox"/> DELETE				
NAME	AUTRY, J. LYNN				
STREET ADDRESS	605 MOULTRIE ROAD				
CITY-ST-ZIP	CAMILLA GA 31730				
TITLE	T <input type="checkbox"/> DELETE				
NAME	AUTRY, DANIEL E JR.				
STREET ADDRESS	121 ROBIN HOOD DRIVE				
CITY-ST-ZIP	THOMASVILLE GA 31792				
TITLE	D <input type="checkbox"/> DELETE				
NAME	DRAFFIN & TUCKER (CPA)				
STREET ADDRESS	2617 GILLIONVILLE RD				
CITY-ST-ZIP	ALBANY GA 31702				
TITLE	D <input type="checkbox"/> DELETE				
NAME	TYSON, WILLIAM F., JR.				
STREET ADDRESS	76 EAST BROAD STREET				
CITY-ST-ZIP	CAMILLA GA 31730				
TITLE	PD <input type="checkbox"/> DELETE				
NAME	AUTRY, DANIEL E.				
STREET ADDRESS	121 IMPERIAL DRIVE				
CITY-ST-ZIP	THOMASVILLE GA 31792				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
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 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, with all other like empowered.

SIGNATURE: *Becki W. Tyus*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/99 912/226-2680
Date Daytime Phone #

CR2E034 (11/98)