

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 826320

1. Entity Name

AUTRY PETROLEUM COMPANY

Principal Place of Business

Mailing Address

211 INDUSTRIAL BLVD.
THOMASVILLE GA 31792-6344
US

211 INDUSTRIAL BLVD.
THOMASVILLE GA 31792-6344
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-1075014

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIEDMAN, MARTIN
2548 BLAIRSTONE PINES DRIVE
TALLAHASSEE FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	AST	<input type="checkbox"/> Delete
NAME	TYUS, BECKI W.	
STREET ADDRESS	246 MAIN STREET 216 MAIN 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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90002 009 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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