2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 835025

1. Entity Name
PILOT OIL CORPORATION

Principal Place of Business	Mailing Address
5508 LONAS RD PO BOX 10146 (ZIP 37939) KNOXVILLE, TN 37909 US	5508 LONAS RD P.O. BOX 10146 KNOXVILLE, TN 37939-0416 US

01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-0600415
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HASLAM, JAMES A II
STREET ADDRESS	1640 LYONS BEND RD.
CITY-ST-ZIP	KNOXVILLE, TN
TITLE	D
NAME	BEALL, III., SAMUEL E.
STREET ADDRESS	151 LEVERT
CITY-ST-ZIP	MOBILE, AL
TITLE	CEOD
NAME	HASLAM, JAMES III
STREET ADDRESS	5020 LYONS VIEW PIKE
CITY-ST-ZIP	KNOXVILLE, TN
TITLE	CFST
NAME	PARDUE, PAUL
STREET ADDRESS	1912 GRENADA BLVD
CITY-ST-ZIP	KNOXVILLE, TN 37922
TITLE	D
NAME	HASLAM, JAMES A III
STREET ADDRESS	PO BOX 10146
CITY-ST-ZIP	KNOXVILLE, TN 379390146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000791889
01/23/08-80035-002 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Pardue 1/17/08 (865) 588-7488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #