

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:44

DOCUMENT # **837852** (3)

1. Corporation Name
GOWEN OIL CO., INC.

Principal Place of Business Mailing Address
**SOUTH THIRD ST.
P. O. BOX 445
FOLKSTON GA 31537** **SOUTH THIRD ST.
P. O. BOX 445
FOLKSTON GA 31537**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/01/1977** 3a. Date of Last Report **03/28/1994**

4. FEI Number **58-1261617** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

**MCNATT, JOHN M. JR.
1500 AMERICAN HERITAGE LIFE BLDG.
11 E. FORSYTH ST.
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	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

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

NOTE: Registered Agent Signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOWEN, G. R. III
STREET ADDRESS	NORTH THIRD ST. BOX 445
CITY-ST-ZIP	FOLKSTON GA
TITLE	S
NAME	GOWEN, CHARNA W.
STREET ADDRESS	NORTH THIRD ST. BOX 445
CITY-ST-ZIP	FOLKSTON GA
TITLE	D
NAME	GOWEN, CHARNA W.
STREET ADDRESS	NORTH THIRD ST. BOX 445
CITY-ST-ZIP	FOLKSTON GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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 or in Block 14, or on an attachment with an address.

SIGNATURE: *[Signature]* - President

12 Jan. 1995 (912) 496-7890

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR