

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

**FILED**  
**Jan 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 837852 (3)**

1. Corporation Name  
**GOWEN OIL CO., INC.**



Principal Place of Business SOUTH THIRD ST. P. O. BOX 445 FOLKSTON GA 31537	Mailing Address SOUTH THIRD ST. P. O. BOX 445 FOLKSTON GA 31537
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

3. Date Incorporated or Qualified <b>02/01/1977</b>	
4. FEI Number <b>58-1261617</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

81 Name	<b>WESLEY R. POOLE, ESQ</b>
82 Street Address (P.O. Box Number is Not Acceptable)	
83	<b>303 CENTRE ST., STE. 200</b>
84 City	<b>FERNANDINA BCH FL</b>
85 Zip Code	<b>32034</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 *Wesley R. Poole* **1-12-98**  
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GOWEN, G. R. III</b>	
STREET ADDRESS	<b>NORTH THIRD ST. BOX 445</b>	
CITY-ST-ZIP	<b>FOLKSTON GA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>GOWEN, CHARNA W.</b>	
STREET ADDRESS	<b>NORTH THIRD ST. BOX 445</b>	
CITY-ST-ZIP	<b>FOLKSTON GA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GOWEN, CHARNA W.</b>	
STREET ADDRESS	<b>NORTH THIRD ST. BOX 445</b>	
CITY-ST-ZIP	<b>FOLKSTON GA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *Wesley R. Poole* **1-12-98**

CR2E034 (10/97)