

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90007 039 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **837852** ✓
 1. Corporation Name
GOWEN OIL CO., INC.



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/01/1977	
City & State		City & State		4. FEI Number	
Zip		Zip		58-1261617	
Country		Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POOLE, WESLEY R ESG 303 CENTRE ST, STE 200 FERNANDINA BCH FL 32034				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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOWEN, G. R. III		1.2 NAME		
STREET ADDRESS	NORTH THIRD ST. BOX 445		1.3 STREET ADDRESS		
CITY-ST-ZIP	FOLKSTON GA		1.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOWEN, CHARNA W.		2.2 NAME		
STREET ADDRESS	NORTH THIRD ST. BOX 445		2.3 STREET ADDRESS		
CITY-ST-ZIP	FOLKSTON GA		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOWEN, CHARNA W.		3.2 NAME		
STREET ADDRESS	NORTH THIRD ST. BOX 445		3.3 STREET ADDRESS		
CITY-ST-ZIP	FOLKSTON GA		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: _____ 7-6-99 912-496-7890

CR2E034 (5/99)

#837852
088750-90007
-39



GOWEN OIL Co., INC.

P. O. BOX 445
FOLKSTON, GEORGIA 31537

G. R. GOWEN, III
President

JULY 06, 1999

ANNUAL REPORTS FILING
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

ENCLOSED PLEASE FIND OUR 1999 "PROFIT CORPORATION ANNUAL
REPORT" ALONG WITH A CHECK FOR 158.75.

PLEASE WAIVE THE \$400.00 LATE FEE. WE DID NOT RECIEVE THE
FIRST NOTICE AND THEREFORE WE WERE UNABLE TO MAKE A TIMELY
REMITTANCE. IF YOU WILL REVIEW OUR RECORDS, YOU WILL SEE WE
HAVE NEVER BEEN LATE IN THE PAST.

THANK YOU FOR YOUR TIME AND ATTENTION TO THIS MATTER.

SINCERELY,


G. R. GOWEN, PRESIDENT