

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 25060101

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 841348 (6)
1. Corporation Name
PETROLEUM PRODUCTS OF SOUTH GEORGIA, INC.



Principal Place of Business
E PINETREE BLVD
PO BOX 1183
THOMASVILLE GA 31799-1183

Mailing Address
E PINETREE BLVD
PO BOX 1183
THOMASVILLE GA 31799-1183

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified 08/25/1978
3a. Date of Last Report 08/10/1995
4. FEI Number 58-1128421
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
10. Name and Address of New Registered Agent

DANIEL, MELVIN
ROUTE 2, BOX 231B
MONTICELLO FL 32344

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

Signature, typed or printed name of registered agent and the date

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	CEO
NAME	JONES, JACK M.
STREET ADDRESS	P. O. BOX 1955, 4593 STATE HWY. 122
CITY - ST - ZIP	THOMASVILLE GA
TITLE	P
NAME	JACKSON, HAROLD
STREET ADDRESS	P. O. BOX 1183, 4893 STATE HWY. 122
CITY - ST - ZIP	THOMASVILLE GA
TITLE	S
NAME	JONES, PHYLLIS
STREET ADDRESS	P. O. BOX 1955, 4593 STATE HWY. 122
CITY - ST - ZIP	THOMASVILLE GA
TITLE	T
NAME	JACKSON, PATRICIA J
STREET ADDRESS	P. O. BOX 1183, 4893 STATE HWY. 122
CITY - ST - ZIP	THOMASVILLE, GA 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(3)(k), 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: Patricia J. Jackson Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96 912-226-8354
Date Daytime Phone #

CR2E034 (12/95)