


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

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May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90019 046 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 847184

1. Corporation Name  
BOARDMAN PETROLEUM, INC.

Principal Place of Business 1804 GORDON HWY. P.O. BOX 3366 AUGUSTA GA 30914	Mailing Address 1804 GORDON HWY. P.O. BOX 3366 AUGUSTA GA 30914
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1450 GREENE STREET Suite, Apt. #, etc. 22 SUITE 500 City & State 23 AUGUSTA, GA Zip 24 30901		2a. Mailing Address 26 P.O. BOX 3366 Suite, Apt. #, etc. 27 City & State 28 AUGUSTA, GA Zip 29 30914		3. Date Incorporated or Qualified 10/13/1980 4. FEI Number 58-0644211 5. Certificate of Status Desired <input 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 Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENK, PAUL T.	1.2 NAME	
STREET ADDRESS	1804 GORDON HWY	1.3 STREET ADDRESS	1450 GREENE STREET, SUITE 500
CITY-ST-ZIP	AUGUSTA, GA 00000	1.4 CITY-ST-ZIP	AUGUSTA, GA 30901
TITLE	CFO	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGDON, WILLIAM B	2.2 NAME	
STREET ADDRESS	1804 GORDON HWY	2.3 STREET ADDRESS	1450 GREENE STREET, SUITE 500
CITY-ST-ZIP	AUGUSTA GA	2.4 CITY-ST-ZIP	AUGUSTA, GA 30901
TITLE	PD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOARDMAN, C. P. III	3.2 NAME	
STREET ADDRESS	1197 OLD PLANTATION ROAD	3.3 STREET ADDRESS	1450 GREENE STREET, SUITE 500
CITY-ST-ZIP	N. AUGUSTA SC	3.4 CITY-ST-ZIP	AUGUSTA, GA 30901
TITLE	CS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, ELLEN H	4.2 NAME	
STREET ADDRESS	1804 GORDON HWY	4.3 STREET ADDRESS	1450 GREENE STREET, SUITE 500
CITY-ST-ZIP	AUGUSTA GA	4.4 CITY-ST-ZIP	AUGUSTA, GA 30901
TITLE	CD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOARDMAN, C P, JR	5.2 NAME	
STREET ADDRESS	15 HIGHGATE W	5.3 STREET ADDRESS	
CITY-ST-ZIP	AUGUSTA GA	5.4 CITY-ST-ZIP	
TITLE	SVP	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOARDMAN, BRAYE C	6.2 NAME	
STREET ADDRESS	1804 GORDON HWY	6.3 STREET ADDRESS	1450 GREENE STREET, SUITE 500
CITY-ST-ZIP	AUGUSTA GA	6.4 CITY-ST-ZIP	AUGUSTA, GA 30901

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, with all other like empowered.

SIGNATURE:

*Ellen H. Harper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

Date

706-262-4003

Daytime Phone #

CR2E034 (11/98)