

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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **847459** ✓
1. Corporation Name
GREAT RIVER OIL & GAS CORPORATION

Principal Place of Business
**1450 POYDRAS ST STE 1520
NEW ORLEANS LA 70112-3003**

Mailing Address
**1450 POYDRAS ST STE 1520
NEW ORLEANS LA 70112-3003**

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90003 037 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1980

4. FEI Number

72-0895452

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 **P.O. Box 629**

2a. Mailing Address

26 **P.O. Box 629**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **PLAQUEMINE, LA**

City & State

28 **PLAQUEMINE, LA**

Zip

24 **70765**

Country

25 **USA**

Zip

29 **70765**

Country

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

TITLE **CP** ☒ DELETE

NAME **CLARKE, M K**
STREET ADDRESS **1450 POYDRAS ST STE 1520**
CITY-ST-ZIP **NEW ORLEANS LA**

TITLE **VS** ☒ DELETE

NAME **VINCENT, L K**
STREET ADDRESS **1450 POYDRAS ST STE 1520**
CITY-ST-ZIP **NEW ORLEANS LA**

TITLE **VT** ☒ DELETE

NAME **SMITH, LEON M., JR.**
STREET ADDRESS **1450 POYDRAS ST STE 1520**
CITY-ST-ZIP **NEW ORLEANS LA**

TITLE **D** ☐ DELETE

NAME **SWANSON, THOMAS G**
STREET ADDRESS **400 PERIMETER CENTER 595**
CITY-ST-ZIP **ATLANTA GA**

TITLE **D** ☒ DELETE

NAME **SATSUM, JERRY R.**
STREET ADDRESS **400 PERIMETER CENTER 595**
CITY-ST-ZIP **ATLANTA GA**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition

1.2 NAME **E.A. SCHMITZ**
1.3 STREET ADDRESS **400 PERIMETER CENTER**
1.4 CITY-ST-ZIP **ATLANTA GA 30346**

2.1 TITLE **VP** ☐ Change ☒ Addition

2.2 NAME **Richard B. Mankel**
2.3 STREET ADDRESS **400 PERIMETER CENTER**
2.4 CITY-ST-ZIP **ATLANTA GA 30346**

3.1 TITLE **VP** ☐ Change ☒ Addition

3.2 NAME **J.T. BERMAN**
3.3 STREET ADDRESS **400 PERIMETER CENTER**
3.4 CITY-ST-ZIP **ATLANTA GA 30346**

4.1 TITLE **VP** ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, on an attachment with an address.

SIGNATURE: **J.T. BERMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

770-395-4541

0122283

CR2E034 (5/99)