

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 851414 (3)

1. Corporation Name
T & R OIL CO.



Principal Place of Business: 105 ALPHA ST, PO BOX 31, WAYCROSS GA 31502-0031
Mailing Address: 105 ALPHA ST, PO BOX 31, WAYCROSS GA 31502-0031

3. Date Incorporated or Qualified: 12/31/1981
3a. Date of Last Report: 02/27/1995

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	58-1340744	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			<input type="checkbox"/>	
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country	Country	<input type="checkbox"/>	
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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

FISCHER, J B
1 NORTH UNIVERSITY DR
PLANTATION FL 33318

81 Name: Jim Marshburn
82 Street Address: 9485 Regency Sq Blvd Suite 107
83
84 City: JACKSONVILLE FL 85 Zip Code: 32225

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 607.0506, Florida Statutes.

SIGNATURE: *Jim Marshburn* (Signature of present or former registered agent and title, if applicable) DATE: 2/1/96 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: PITTMAN, REAVIS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 925 CARRIE DR	CITY-STATE-ZIP: WAYCROSS GA	1.2 NAME	
TITLE: VD	NAME: PITTMAN, TRACY	1.3 STREET ADDRESS	
STREET ADDRESS: 915 CARRIE DR	CITY-STATE-ZIP: WAYCROSS GA	1.4 CITY-STATE-ZIP	
TITLE: STD	NAME: PITTMAN, JUNE E.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 925 CARRIE DR	CITY-STATE-ZIP: WAYCROSS GA	2.2 NAME	
TITLE: D	NAME: PITTMAN, RENEE	2.3 STREET ADDRESS	
STREET ADDRESS: 925 CARRIE DR	CITY-STATE-ZIP: WAYCROSS GA	2.4 CITY-STATE-ZIP	
TITLE:	NAME:	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	3.2 NAME	
TITLE:	NAME:	3.3 STREET ADDRESS	
STREET ADDRESS:	CITY-STATE-ZIP:	3.4 CITY-STATE-ZIP	
TITLE:	NAME:	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	4.2 NAME	
TITLE:	NAME:	4.3 STREET ADDRESS	700001745537
STREET ADDRESS:	CITY-STATE-ZIP:	4.4 CITY-STATE-ZIP	-03/15/96--01120--013
TITLE:	NAME:	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	5.2 NAME	
TITLE:	NAME:	5.3 STREET ADDRESS	
STREET ADDRESS:	CITY-STATE-ZIP:	5.4 CITY-STATE-ZIP	
TITLE:	NAME:	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	6.2 NAME	
TITLE:	NAME:	6.3 STREET ADDRESS	
STREET ADDRESS:	CITY-STATE-ZIP:	6.4 CITY-STATE-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: *F.R. Pittman, Jr.* F.R. PITTMAN, JR. 4/16/1996 912-283-3142

CR2E034 (12/95)