

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

FILED
Apr 30 1998 8:00am
Secretary of State



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

PROFIT CORPORATION
 ANNUAL REPORT
1998

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/31/1981

4. FEI Number
58-1340744 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

2a. Mailing Address
 26 Suite, Apt. #, etc
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
**MARSHBURN, JIM
 9485 REGENCY SQUARE BLVD
 SUITE 109
 JACKSONVILLE FL 32225**

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
Same
 B3
 B4 City **FL** B5 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PITTMAN, REAVIS	
STREET ADDRESS	925 CARRIE DR	
CITY - ST - ZIP	WAYCROSS GA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PITTMAN, TRACY	
STREET ADDRESS	915 CARRIE DR	
CITY - ST - ZIP	WAYCROSS GA	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PITTMAN, JUNE E.	
STREET ADDRESS	925 CARRIE DR	
CITY - ST - ZIP	WAYCROSS GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PITTMAN, RENEE	
STREET ADDRESS	925 CARRIE DR	
CITY - ST - ZIP	WAYCROSS GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, or in an attachment with an address.

SIGNATURE: *Tracy Pittman* **TRACY PITTMAN** 4-23-98 912-283-3142

CR2E034 (10/97)