

05/03/2004 MON 13:42 FAX

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90117 006 ***158.75

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F00000005678

1. Entity Name
JACKSON OIL PRODUCTS COMPANY



14019656

Principal Place of Business
**980 BIERDERMAN ROAD
JACKSON, MS 39208**

Mailing Address
**PO BOX 5568
PEARL, MS 39288**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

-04282004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
64-0321850

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **WELCHER, F. ANDREW**
STREET ADDRESS **15800 JOHN J DELANEY DRIVE #500**
CITY-ST-ZIP **CHARLOTTE, NC 28277**

TITLE TD ☒ Delete
NAME **BAUM, WILLIAM A**
STREET ADDRESS **15800 JOHN J DELANEY DRIVE #500**
CITY-ST-ZIP **CHARLOTTE, NC 28277**

TITLE SD ☒ Delete
NAME **LEVINE, LAWRENCE P**
STREET ADDRESS **15800 JOHN J DELANEY DRIVE #500**
CITY-ST-ZIP **CHARLOTTE, NC 28277**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **WELCHER, F. ANDREW**
STREET ADDRESS **1064 GOLF FALLS RD**
CITY-ST-ZIP **MANCHESTER NH 03103**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **COFFEY, ROBERT**
STREET ADDRESS **1064 GOLF FALLS RD**
CITY-ST-ZIP **MANCHESTER NH 03103**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Coffey*

5/1/04 603 222-2912