


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # F05000000056 1. Entity Name WALTHALL OIL COMPANY	
---	---

Principal Place of Business
**2510 ALLEN ROAD
MACON, GA 31216**

Mailing Address
**P.O. BOX 1203
MACON, GA 31202-1203**



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-0833472	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC WALTHALL, FRANK W III 2510 ALLEN ROAD MACON, GA 31216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KENNINGTON, CHARLOTTE F 2510 ALLEN ROAD MACON, GA 31216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COSTON, RODNEY J 2510 ALLEN ROAD MACON, GA 31216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BEATY, JANET WALTHALL 5300 ZEBULON ROAD, 3207 MACON, GA 31210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTHALL, ELIZABETH J 125 POWERS PLANTATION COURT MACON, GA 31220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000795256
01/28/08-80040-017 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Red Coston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/08 (478) 781-3748
Date Daytime Phone #