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 # **F40255** **(4)**

1. Corporation Name

PETRO-ATLANTIC CORP.

Principal Place of Business	Mailing Address
45 MCLEOD STREET SUITE 2 MERRITT ISLAND FL 32953 US	P.O. BOX 540536 MERRITT ISLAND FL 32954-0536 US

3. Date Incorporated or Qualified: **06/10/1981**
3a. Date of Last Report: **03/07/1995**

2. Principal Place of Business
21 387 Hibiscus St.
Suite, Apt. #, etc
22
City & State
23 Merritt Island, FL
Zip 24 32953 Country 25 US

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

4. FEI Number: **59-2151000** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes XX Yes ☐ No

9. Name and Address of Current Registered Agent

TRENT, SHARON
45 MCLEOD STREET, SUITE 2
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name: Sharon Trent
82 Street Address (P.O. Box Number is Not Acceptable): 387 Hibiscus St.
83
84 City: Merritt Island **FL** 85 Zip Code: 32953

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: Sharon Trent — Sharon Trent — DATE: 3/14/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	MOORE, JAMES E		12 NAME		
STREET ADDRESS	45 MCLEOD STREET, STE. 2		13 STREET ADDRESS	387 Hibiscus St.	
CITY-ST-ZIP	MERRITT ISLAND FL		14 CITY-ST-ZIP	Merritt Island, Fl. 32953	
TITLE	STD	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	MOORE, KASEY		22 NAME		
STREET ADDRESS	45 MCLEOD STREET, STE. 2		23 STREET ADDRESS	387 Hibiscus St.	
CITY-ST-ZIP	MERRITT ISLAND FL		24 CITY-ST-ZIP	Merritt Island, Fl. 32953	
TITLE	D	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	TRENT, SHARON		32 NAME		
STREET ADDRESS	45 MCLEOD STREET, STE. 2		33 STREET ADDRESS	387 Hibiscus St.	
CITY-ST-ZIP	MERRITT ISLAND FL		34 CITY-ST-ZIP	Merritt Island, Fl. 32953	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 on an attachment with an address.

SIGNATURE: Sharon Trent — Sharon Trent, Director — 3/14/96 — (407)459-0375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #