

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 # F94000001602 (1)

1. Corporation Name

FRANCIS ENERGY INC.



Principal Place of Business

Mailing Address

26 MARBLE ARCH CRESCENT  
NEPEAN, ONTARIO, CANADA K2G -5S2

26 MARBLE ARCH CRESCENT  
NEPEAN, ONTARIO, CANADA K2G -5S2

3. Date Incorporated or Qualified <b>03/30/1994</b>	3a. Date of Last Report <b>02/10/1995</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THURLOW, ROBERT S  
221 N. CAUSEWAY  
NEW SMYRNA BEACH FL 32169-5239

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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 obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent of the corporation

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DPS	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	FRANCIS, WILLIAM J		12 NAME	
13 STREET ADDRESS	26 MARBLE ARCH CRESCENT		13 STREET ADDRESS	
14 CITY-STATE-ZIP	NEPEAN, ONTARIO, CANADA K2G -5S2		14 CITY-STATE-ZIP	
21 TITLE		<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME			22 NAME	
23 STREET ADDRESS			23 STREET ADDRESS	
24 CITY-STATE-ZIP			24 CITY-STATE-ZIP	
31 TITLE		<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME			32 NAME	
33 STREET ADDRESS			33 STREET ADDRESS	
34 CITY-STATE-ZIP			34 CITY-STATE-ZIP	
41 TITLE		<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME			42 NAME	
43 STREET ADDRESS			43 STREET ADDRESS	
44 CITY-STATE-ZIP			44 CITY-STATE-ZIP	
51 TITLE		<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME			52 NAME	
53 STREET ADDRESS			53 STREET ADDRESS	
54 CITY-STATE-ZIP			54 CITY-STATE-ZIP	
61 TITLE		<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME			62 NAME	
63 STREET ADDRESS			63 STREET ADDRESS	
64 CITY-STATE-ZIP			64 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.M. J. FRANCIS

DATE

JAN 24/96 - 613-723-4567

CR2E034 (12/95)