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FILED

**Jan 22 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # F96000003289 (3)

1. Corporation Name
MCOIL TRANSPORTATION COMPANY, INC.



Principal Place of Business
**PO BOX 1112
ONEONTA AL 35121**

Mailing Address
**PO BOX 1112
ONEONTA AL 35121-0014**

3. Date Incorporated or Qualified
06/27/1986

3a. Date of Last Report

4. FEI Number
63-1029789

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 Yes 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 Zip Country

25 Zip Country

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent
**WRIGHT, CLABURN
MCPHERSON OIL COMPANY, 2233 E 28TH ST
PANAMA CITY FL 32405**

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	MCPHERSON, CHARLES K	
STREET ADDRESS	PO BOX 1112 N/A	
CITY - ST - ZIP	ONEONTA AL 35121	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DENNARD, CHARLES	
STREET ADDRESS	PO BOX 1112 N/A	
CITY - ST - ZIP	ONEONTA AL 35121	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	CLOWDUS, DEBORAH J	
STREET ADDRESS	PO BOX 1112 N/A	
CITY - ST - ZIP	ONEONTA AL 35121	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BOLES, JERRY C	
STREET ADDRESS	PO BOX 1112 N/A	
CITY - ST - ZIP	ONEONTA AL 35121	
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 do 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 on an attachment with an address.

SIGNATURE: **Jerry C. Boles** **TREASURER** **1-13-97** **(205)274-2179**

DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)