


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90012 012 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005194**

1. Corporation Name

U.S. ENERGY, INC.

Principal Place of Business

Mailing Address

**2305 BEACH BLVD.
SUITE 105
JACKSONVILLE BEACH FL 32250**

**1015 ATLANTIC BLVD.
ATLANTIC BEACH FL 32213**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1996

4. FEI Number

APPLIED FOR 58-2173998

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 **9951 ATLANTIC BLVD.**

2a. Mailing Address

26 **1015 ATLANTIC BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **435**

27 **351**

City & State

City & State

23 **JACKSONVILLE, FL.**

28 **ATLANTIC BEACH, FLORIDA**

Zip

Country

Zip

Country

24 **32225**

25 **U.S.**

29 **32233**

30 **U.S.**

9. Name and Address of Current Registered Agent

**QUATTRUCCI, WILLIAM A JR.
2305 BEACH BLVD.
SUITE 105
JACKSONVILLE BEACH FL 32250**

10. Name and Address of New Registered Agent

81 Name

Jennifer Lewis

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

1780 Seaworld Blvd., #3

83

84 City

Jacksonville

FL

85 Zip Code

32207

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-99

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	GAPE, TERRENCE R	
STREET ADDRESS	42578 CHANCERY HOUSE - PO BOX F	
CITY-ST-ZIP	FREEPORT, GRAND BAHAMAS	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FERGUSON, STEPHANIE	
STREET ADDRESS	42578 CHANCERY HOUSE - PO BOX F	
CITY-ST-ZIP	FREEPORT, GRAND BAHAMAS	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)