

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F96000006879**

i. Entity Name

**APACHE PRODUCTS COMPANY****FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90063 034 \*\*\*150.00

Principal Place of Business	Mailing Address
SOUTH FRONTAGE RD LAKELAND FL 33815	107 SERVICE RD. ANDERSON SC 29625-2116

**624617**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-273258<sup>3</sup></b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCNEIL, GREGG 4500 SOUTH FRONTAGE RD LAKELAND FL 33815		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGESS, JAMES H	NAME	
STREET ADDRESS	107 SERVICE RD.	STREET ADDRESS	
CITY-ST-ZIP	ANDERSON SC 29625	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, WILLIAM B	NAME	
STREET ADDRESS	530 BEACON PKWY., W., #503	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35209	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSEY, WALTER	NAME	
STREET ADDRESS	530 BEACON PKWY., W., #503	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35209	CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAAD, T J	NAME	
STREET ADDRESS	107 SERVICE RD	STREET ADDRESS	
CITY-ST-ZIP	ANDERSON SC 29625	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-6-00**

Date

**864/964-2732**

Daytime Phone #

CR2E034 (9/99)