

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004194

1. Entity Name

FOUR-WAY OIL COMPANY, INC.

APPROVED
AND
FILED

00 AUG 21 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 408 WEST RD. CAIRO GA 31728	Mailing Address 408 WEST RD. CAIRO GA 31728
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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 58-1686880	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC. --
236 EAST 6TH AVE.
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

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) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, JIMMY	
STREET ADDRESS	408 WEST RD.	
CITY-ST-ZIP	CAIRO GA 31728	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, CHAD	
STREET ADDRESS	408 WEST RD.	
CITY-ST-ZIP	CAIRO GA 31728	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, DEBBIE	
STREET ADDRESS	408 WEST RD.	
CITY-ST-ZIP	CAIRO GA 31728	
TITLE		<input type="checkbox"/> Delete
NAME	JOHNSON, TODD	
STREET ADDRESS	408 WEST RD.	
CITY-ST-ZIP	CAIRO GA 31728	
TITLE		<input type="checkbox"/> Delete
NAME	4000003384364--6	
STREET ADDRESS	-09/06/00--01109--004	
CITY-ST-ZIP	*****8.75 *****8.75	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Todd	
STREET ADDRESS	404 West Rd	
CITY-ST-ZIP	Cairo GA 31728	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rena Johnson	
STREET ADDRESS	404 West Rd	
CITY-ST-ZIP	Cairo GA 31728	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4000003384364--6	
STREET ADDRESS	-09/06/00--01109--002	
CITY-ST-ZIP	****400.00 ****400.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4000003384364--6	
STREET ADDRESS	-09/06/00--01109--003	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Rena Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1400 912-377-2878
Date Daytime Phone #

CR2E034 (5/00)