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

PROFIT CORPORATION ANNUAL REPORT

1998

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 18 1998 8:00am Secretary of State

PETRO C.	LEUM ENGINEERING & CO	ONSTRUCTION COMPAI	NY, IN		
Principal Place of Business Mailing Address PO 80X 942 PO BOX 942					•
ATMORE AL 36504 ATMORE AL 36504				DO NOT WIND IN THE OR OF	
				DO NOT WRITE IN THI: 3. Date incorporated or Qualified	S SPACE.
				12/24/1997	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21		26		63-1017228	Not Applicable
Suite, Apt. #, etc. Suite 22 27		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25 Address of Curren		30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
14/1	g, Name and Address of Currer	nt Hegistered Agent	81 Name	10. Name and Address of New Registere	и Аделі
WHITE, H D 2810 VENETIAN GARDEN GULF BREEZE FL 32561			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
			84 City		85 Zip Code
44 Duraugant to the provisions of Sections 607 0502 and 607 1509 Elevida Statutes the should named cover				oration submits this statement for the purpose	
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 submit of the purpose of changing its registered agent. I am familiar with and accept the submit of the purpose of changing its registered agent. I am familiar with and accept the submit of the purpose of changing its registered agent. I am familiar with and accept the submit of the purpose of changing its registered agent. I am familiar with a submit of the purpose of changing its registered agent. I am familiar with a submit of the purpose of changing its registered agent. I am familiar with a submit of the purpose of changing its registered agent. I am familiar with a submit of the purpose of changing its registered agent. I am familiar with a submit of the purpose of changing its registered agent. I am familiar with a submit of the purpose of changing its registered agent. I am familiar with a submit of the purpose of changing its registered agent. I am familiar with a submit of the purpose of changing its registered agent. I am familiar with a submit of the purpose of changing its registered agent. I am familiar with a submit of the purpose of changing its registered agent. I am familiar with a submit of the purpose of the purpose of changing its registered agent.					
	$I \perp (I \mid \lambda \mid h) \mid Z \mid V$		tiTE V	P 21	1/188
SIGNATURE	Signature typed or printed name of legislated age	ont and title if applicable (NOTE	Registered Agent signature requir	ed when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AF	
TITLE	PDC	☐ DELETE	1.1 TITLE		Change Addition
NAME	WHITE, JAMES L		1.2 NAME		
STREET ADDRESS	1024 FOREST HILL DR. ATMORE AL 38502		1.3 STREET ADDRESS		·
CITY-ST-ZHP TITLE	VD	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
MANE	WHITE, JON S		2.2 NAME		
STREET ADDRESS	104 ASHTON CT.		2.3 STREET ADDRESS	No.	
CITY-ST-ZIP	FAIRHOPE AL 36532		2. 4 CITY-ST-ZIP		
TITLE	STDC	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, HARVEY J		32 NAME		
STREET ADDRESS	1442 SONATA CT.	_	3.3 STREET ADDRESS		
CITY-ST-ZIP	NARVARRE BEACH FL 32580		3.4. CITY-ST-ZIP		
TITLE	VD	L_ DELETE	4.1 TITLE		Change Addition
HAME	WHITE, H D		4. 2 NAME		
STREET ADDRESS	2810 VENETIAN GARDEN GULF BREEZE FL 32561		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	GOLF BREEZE PE 32301	DELETE	4.4 CITY-ST-ZIP		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	certify that the information supplied w	ith this filing does not qualify fo	r the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information

of 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 at 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 13 if changed, or on an attachment with an address.