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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # F9700006566

PETROLEUM ENGINEERING & CONSTRUCTION COMPANY, IN C.

Principal Place of Business PO BOX 942 ATMORE AL 36504

Mailing Address

PO BOX 942 ATMORE AL 36504

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90076 013 ***150.00



ATMONE AL SO	30 4	ATMORE AL GOOD	L NE WOOV		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		•
					12/24/1997		
2. Principal Pl	lace of Business	2a. Mailing Address		-	4. FEI Number	Apı	plied For
1700	ENASHVILLE AUÉ	26			63-1017228	No	t Applicable
Suite, Apt.		Suite, Apt. #, etc.			_	\$8.75 A	dditional
22		27			5. Certifcate of Status Desired	Fee Re	quired
City & State	e — —	City & State			6. Election Campaign Financing	\$5.00	May Be
23 ATMORC AL 28					Trust Fund Contribution	Added to	o Fees
	Country	Zip	Country	,	8. This corporation owes the current year	Intangible	
Zip 24 3 6 5 C	25 1/5/4	29 30	o		Personal Property Tax.		□No
	9. Name and Address of Current		<u> </u>		10. Name and Address of New Register	ed Agent	
			81	Name			
WHITE, H D					N. N. Assessable		
2810 VENETIAN GARDEN				Street Add	ress (P.O. Box Number is Not Acceptable)		
GULF BREEZE FL 32561			83				
			84	City		85 Zip C	Code
				<u></u>	•	·	
11. Pursuant	to the provisions of Sections 607.0502	! and 607.1508, Florida Statutes,	, the above	e-named corp the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	≀or changing its pointment as rec	registered zistered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	a Statutes		on a modern mercal participation of		,
SIGNATURE					•		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	egistered Age	nt signature requir	ed when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PDC	☐ DELETE	1.1 TITLE		_	Change	☐ Addition
NAME	WHITE, JAMES L		1.2 NAME				
STREET ADDRESS	1024 FOREST HILL DR.	ļ	1.3 STREE	TADDRESS			
CITY-ST-ZIP	ATMORE AL 36502	ļ	1.4 CITY-S	T-ZIP	~		
TITLE	VD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	WHITE, JON S	ļ	2.2 NAME				
STREET ADDRESS	104 ASHTON CT.	ļ	23 STDEE	T ADDRESS	_		
	1	ļ	2.4 CITY-5		``	_	
CITY-ST-ZIP	FAIRHOPE AL 36532	☐ DELETE	2.4 CHY-8	51-ZIP		[] Change	Addition
TITLE	STDC					<u> </u>	_
NAME	WHITE, HARVEY J		3.2 NAME				
STREET ADDRESS	1442 SONATA CT.			TADDRESS			
CITY-ST-ZIP	NARVARRE BEACH FL 32566	F7 ++	3.4. CITY-5	ST-ZIP		— Chara	C) Addition
TITLE	VD	☐ DELETE 4.1 TI				☐ Change	Addition
NAME	WHITE, H D	4.21					
STREET ADDRESS	LOTO VENETINAL CONTROLL		4.3 STREE	TADORESS			
CITY-ST-ZIP	GULF BREEZE FL 32561		4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CMY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME		-	6.2 NAME				
			1	T ADDRESS			
STREET ADDRESS		İ	6.4 CITY-S				
CITY OF 7ID	1		■ 0.4 UH Y-5	1-41"			

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: