

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


FILED

Jan 29, 1999 8:00am  
Secretary of State

01-29-1999 90051 008 \*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F98000004723</b>					
1. Corporation Name <b>BUCK OIL SERVICES, INC.</b>					
Principal Place of Business <b>3243 MONEY ROAD MONTGOMERY AL 36108</b>			Mailing Address <b>3243 MONEY ROAD MONTGOMERY AL 36108</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/18/1998</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>63-1181764</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip Country		29 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>CHAMBLISS, ROBERT L 723 WEST MAIN STREET PENSACOLA FL 32501</b>			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>PCD CHAMBLISS, ROBERT L</b>			1.2 NAME		
STREET ADDRESS <b>212 SPRUCE STREET</b>			1.3 STREET ADDRESS		
CITY-ST-ZIP <b>PRATTVILLE AL</b>			1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>VSTD BOWMAN, DALE</b>			2.2 NAME		
STREET ADDRESS <b>222 DEERWOOD DRIVE</b>			2.3 STREET ADDRESS		
CITY-ST-ZIP <b>PRATTVILLE AL</b>			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>CHAMBLISS, ROBERT L</b>			3.2 NAME		
STREET ADDRESS <b>723 WEST MAIN STREET</b>			3.3 STREET ADDRESS		
CITY-ST-ZIP <b>PENSACOLA FL</b>			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>3243 MONEY ROAD</b>			4.2 NAME		
STREET ADDRESS <b>3243 MONEY ROAD</b>			4.3 STREET ADDRESS		
CITY-ST-ZIP <b>3243 MONEY ROAD</b>			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>PCD</b>			5.2 NAME		
STREET ADDRESS <b>PCD</b>			5.3 STREET ADDRESS		
CITY-ST-ZIP <b>PCD</b>			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>CHAMBLISS, ROBERT L</b>			6.2 NAME		
STREET ADDRESS <b>212 SPRUCE STREET</b>			6.3 STREET ADDRESS		
CITY-ST-ZIP <b>PRATTVILLE AL</b>			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: Robert L. Chambliss President 1-13-98 3342635401  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)