

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 JUN -1 AM 11:25

DOCUMENT # **G64284** (4)
 1. Corporation Name
ADCOCK PETROLEUM, INC.

Principal Place of Business: **% JESSE F. ADCOCK
 1400 N. SEMORAN BLVD., STE G
 ORLANDO FL 32807
 US**

Mailing Address: **% JESSE F. ADCOCK
 537 N. SEMORAN BLVD.
 ORLANDO FL 32807**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21 6649 Amery CT
 Suite, Apt. #, etc. **UNIT 12**
 City & State **Winter Park FL**
 Zip **32792** Country **USA****

2a. Mailing Address: **26 6649 Amery CT
 Suite, Apt. #, etc. **UNIT 12**
 City & State **Winter Park FL**
 Zip **32792** Country **USA****

3. Date Incorporated or Qualified: **10/10/1983**

3a. Date of Last Report: **04/27/1994**

4. FEI Number: **59-2334036**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.037, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**ADCOCK, JESSE F.
 1400 N. SEMORAN BLVD., STE G
 ORLANDO FL 32807**

10. Name and Address of New Registered Agent:
 81 Name: **ADCOCK, JESSE F.**
 82 Street Address (P.O. Box Number is Not Acceptable): **6649 Amery CT**
 83 **UNIT 12**
 84 City: **Winter Park FL** 85 Zip Code: **32792**

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 accord the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE: *[Signature]* 5/30/95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ADCOCK, JESSE F.
STREET ADDRESS	8720 LARWIN LN.
CITY, ST, ZIP	ORLANDO FL
TITLE	VST
NAME	ADCOCK, OLEANE
STREET ADDRESS	8720 LARWIN LN.
CITY, ST, ZIP	ORLANDO FL
TITLE	D
NAME	ADCOCK, OLEANE
STREET ADDRESS	8720 LARWIN LN.
CITY, ST, ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *[Signature]* **Jesse F Adcock** 5/20/95 407-671-6886