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Jan 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business  
**6649 AMORY CT  
UNIT 12  
WINTER PARK FL 32792  
US**

Mailing Address  
**6649 AMORY CT  
UNIT 12  
WINTER PARK FL 32792-7439  
US**

3. Date Incorporated or Qualified **10/10/1983** 3a. Date of Last Report **05/01/1996**  
4. FEI Number **59-2334036** Applied For Not Applicable  
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 s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent  
**ADCOCK, JESSE F.  
6649 AMORY CT  
UNIT 12  
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	<b>ADCOCK, JESSE F.</b>
STREET ADDRESS	<b>8720 LARWIN LN.</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	VST <input type="checkbox"/> DELETE
NAME	<b>ADCOCK, OLEANE</b>
STREET ADDRESS	<b>8720 LARWIN LN.</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>ADCOCK, OLEANE</b>
STREET ADDRESS	<b>8720 LARWIN LN.</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ADCOCK, JESSE F.</b>
1.3 STREET ADDRESS	<b>2967 MARSHFIELD CT</b>
1.4 CITY - ST - ZIP	<b>ORLANDO FL 32722</b>
2.1 TITLE	VST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ADCOCK, OLEANE</b>
2.3 STREET ADDRESS	<b>2967 MARSHFIELD CT</b>
2.4 CITY - ST - ZIP	<b>ORLANDO FL 32722</b>
3.1 TITLE	VST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>ADCOCK, OLEANE</b>
3.3 STREET ADDRESS	<b>2967 MARSHFIELD CT</b>
3.4 CITY - ST - ZIP	<b>ORLANDO FL 32722</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Jesse F. Adcock* **Jesse F. Adcock** 1-8-97 407-671-4826  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034 (9/96)