

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

FILED
Apr 27 1998 8:00a
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **G81173** (8)
In Name
OIL, INC.



Place of Business Mailing Address
AVE **927 S. CLARA AVE**
P.O. BOX 245
DELAND FL 32721

DO NOT WRITE IN THIS SPACE.

Place of Business 2a. Mailing Address
26 Suite, Apt. #, etc. 27
City & State 28
Country 25 Zip 29 Country 30

3. Date Incorporated or Qualified
01/20/1984
4. FEI Number **59-2361103** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
STEPHEN B. DELUCA
927 S. CLARA AVE
DELAND FL 32720

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

In accordance with 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 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	12 NAME		
<input type="checkbox"/> DELETE	13 STREET ADDRESS		
<input type="checkbox"/> DELETE	14 CITY, ST, ZIP		
<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	22 NAME		
<input type="checkbox"/> DELETE	23 STREET ADDRESS		
<input type="checkbox"/> DELETE	24 CITY, ST, ZIP		
<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	32 NAME		
<input type="checkbox"/> DELETE	33 STREET ADDRESS		
<input type="checkbox"/> DELETE	34 CITY, ST, ZIP		
<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	42 NAME		
<input type="checkbox"/> DELETE	43 STREET ADDRESS		
<input type="checkbox"/> DELETE	44 CITY, ST, ZIP		
<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	52 NAME		
<input type="checkbox"/> DELETE	53 STREET ADDRESS		
<input type="checkbox"/> DELETE	54 CITY, ST, ZIP		
<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	62 NAME		
<input type="checkbox"/> DELETE	63 STREET ADDRESS		
<input type="checkbox"/> DELETE	64 CITY, ST, ZIP		

I 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 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 its receiver, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on a attachment with an address.

SIGNATURE: DATE: **4/21/98** (904) 734-6654

CR2E034 (10/97)