FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G89751** **(3)**

1. Corporation Name

COMMODORES ENERGY CORPORATION

Principal Place of Business	Mailing Address
% ROBERT R. KREIS 1010 EAST ADAMS STREET JACKSONVILLE FL 32202	% ROBERT R. KREIS 1010 EAST ADAMS STREET JACKSONVILLE FL 32202

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified **03/09/1984**	3a. Date of Last Report **04/26/1995**
4. FEI Number **59-2396000**	☐ 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	

9. Name and Address of Current Registered Agent

KREIS, ROBERT R.
~~1010 EAST ADAMS STREET~~
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1600 Independent Square

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 (Signature, typed or printed name of registered agent, and title, if applicable) (NOTE: Registered Agent signature required for filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	LOVETT, RADFORD D.		1.2 NAME		
STREET ADDRESS	1010 E. ADAMS STREET		1.3 STREET ADDRESS	1600 Independesnt Square	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	32202	
TITLE	T	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	WILLIAMS, L.D.		2.2 NAME		
STREET ADDRESS	1010 E. ADAMS ST.		2.3 STREET ADDRESS	1600 Independent Square	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	32202	
TITLE	S	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	KREIS, R.R.		3.2 NAME		
STREET ADDRESS	1010 E. ADAMS ST.		3.3 STREET ADDRESS	1600 Independent Square	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	32202	
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HERTLE, CAROL B		4.2 NAME		
STREET ADDRESS	1010 EAST ADAMS ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: R L Williams Vice Pres./Treas. 4-17-96 904 634-8808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #