SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # H30736 (3)

1. Corporation Name

PENN OIL COMPANY, INC.

Principal Place of Business: ~~P. O. BOX 55~~ LIVE OAK FL 32060

Mailing Address: ~~P. O. BOX 55~~ LIVE OAK FL 32060

3. Date Incorporated or Qualified: 11/20/1984
3a. Date of Last Report: 05/22/1995
4. FEI Number: 59-2471416 ☐ 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 I 10 + US 129
Suite, Apt #, etc
22
City & State
23 LIVE OAK FL
Zip 24 32060 County 25 SUWANNEE

2a. Mailing Address
26 P O Box 792
Suite, Apt # etc
27
City & State
28 LIVE OAK FL
Zip 29 32060 County 30 SUWANNEE

9. **Name and Address of Current Registered Agent**

HELLEMAN, DALE W., SR.
RT. 1, BOX 131
LEE FL 32059

10. **Name and Address of New Registered Agent**

81 Name: DALE HELLEMN SR.
82 Street Address (P.O. Box Number is Not Acceptable)
83 I-10 + US 129 N.
84 City: LIVE OAK FLI FL 85 Zip Code: 32060

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: Dale Helleman Pres — DATE 6-7-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HELLEMAN, DALE W., SR.		1.2 NAME	
STREET ADDRESS	1441 PEARL AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HELLEMAN, DALE W, JR		2.2 NAME	
STREET ADDRESS	RT. 1 BOX 31		2.3 STREET ADDRESS	
CITY-ST-ZIP	LEE FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			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 6/14/96 96878-029	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP Bank deposit $225.00	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DALE HELLEMN Dale Helleman pres 6-7-96 904 362 2948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #