

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

**APPROVED
AND
FILED**

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra M. Norman
Secretary of State
1995

DOCUMENT # **J68395** (9)
REGIONAL PETROLEUM CORP.

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|-----------------------------------|---|---------------------------------------|--|--|
| 1. Name of Corporation REGIONAL PETROLEUM CORP. | | 2a. Mailing Address 3901 N.E. 49TH DR. GAINESVILLE FL 32609 | | 3. Date the Corporation was Organized 04/21/1987 | 3a. Date of Last Report 04/26/1994 |
| 2. Name of Registered Agent 21 | 2a. Mailing Address 26 | 4. FEI Number 59-2803760 | Applied For Not Applicable | | |
| 22. Date Report Made 22 | 27. Date Report Made 27 | 5. Certificate of Status Cleared <input type="checkbox"/> | \$8.75 Additional Fee Required | | |
| 23. City and State 23 | 28. City and State 28 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | | |
| 24. | 25. | 29. | 30. | 8. This corporation has liability for intangible tax under § 199.032 Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|---|--|--|--|---|--------------------------|
| 9. Name and Address of Current Registered Agent CARPENTER, RONALD A. 4127 NW 27TH LANE GAINESVILLE FL 32606 | | | | 10. Name and Address of New Registered Agent | |
| | | | | B1 Name | |
| | | | | B2 Street Address (P.O. Box Number or Not Acceptable) | |
| | | | | B3 | |
| | | | | B4 City | B5 Zip Code FL |

11. Pursuant to the provisions of Sections 199.031 and 199.032, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of the corporation 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 199.032 Florida Statutes.

SIGNATURE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS | |
|----------------------------|--|--|---|
| NAME | PD BROWN, KENNETH P. 4301 N.E. 49TH ROAD GAINESVILLE FL | TYPE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | S SMITH, JAMES T. 4301 NE 49TH ROAD GAINESVILLE FL | TYPE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | T FULLENWIDER, BRENT 4301 NE 49TH ROAD GAINESVILLE FL | TYPE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | S VANNORTWICK, W.A. JR. 300 INDEPENDENCE SQUARE JACKSONVILLE FL | TYPE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | TYPE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | TYPE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | TYPE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and given not equally for the information stated in Section 199.031 Florida Statutes. I further certify that the information included 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. I shall sign an affidavit on behalf of the corporation or the receiver or trustee empowered to make up this report as required by Chapter 199 Florida Statutes, and that my name appears on the Certificate of Incorporation or as an alternate listed with an address.

SIGNATURE: *Brent Fullenwider* BRENT FULLENWIDER 5/2/95 904-373-4000