

**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

**FILED**  
**Apr 19 1996 8:00 am**  
Secretary of State

**DOCUMENT # J68395 (9)**  
1. Corporation Name  
**REGIONAL PETROLEUM CORP.**



Principal Place of Business Mailing Address  
**3901 N.E. 49TH DR. GAINESVILLE FL 32609**      **3901 N.E. 49TH DR. GAINESVILLE FL 32609**

3. Date Incorporated or Qualified **04/21/1987**      3a. Date of Last Report **05/10/1995**  
4. FEI Number **59-2803760**      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      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

**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**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5608 NW 43RD ST**  
83  
84 City **GAINESVILLE**      FL      85 Zip Code **32653**

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

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, KENNETH P.</b>	
STREET ADDRESS	<b>4301 N.E. 49TH ROAD</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, JAMES T.</b>	
STREET ADDRESS	<b>4301 NE 49TH ROAD</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>FULLENWIDER, BRENT</b>	
STREET ADDRESS	<b>4301 NE 49TH ROAD</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>VANNORTWICK, W.A. JR.</b>	
STREET ADDRESS	<b>300 INDEPENDENCE SQUARE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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: *Brent Fullenwider*      **Brent Fullenwider**      **4/10/96**      **352**      **373-4000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (12/95)