


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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K21838** (3)
1. Corporation Name
ADVENT OIL & OPERATING, INC.



Principal Place of Business 701 S. PALAFOX P.O. BOX 13284 PENSACOLA FL 32591	Mailing Address 701 S. PALAFOX P.O. BOX 13284 PENSACOLA FL 32591
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/25/1988	
4. FEI Number 59-2886442		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LOWTHER, BRANDAN G. 701 S. PALAFOX PENSACOLA FL 32501				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

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		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD	NAME				1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	LOWTHER, BRANDAN G.	701 S PALAFOX				1.2 NAME					
CITY-ST-ZIP	PENSACOLA FL	<input type="checkbox"/> DELETE				1.3 STREET ADDRESS					
TITLE	VD	NAME				1.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STORY, HOUSTON L.	3866 PARADISE BAY DR				2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	PENSACOLA FL	<input type="checkbox"/> DELETE				2.2 NAME					
TITLE	SDT	NAME				2.3 STREET ADDRESS				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STORY, HOUSTON L.	3866 PARADISE BAY DR				2.4 CITY-ST-ZIP					
CITY-ST-ZIP	GULF BREEZE FL	<input type="checkbox"/> DELETE				3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		NAME				3.2 NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		<input type="checkbox"/> DELETE				3.3 STREET ADDRESS					
CITY-ST-ZIP						3.4 CITY-ST-ZIP					
TITLE		NAME				4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		<input type="checkbox"/> DELETE				4.2 NAME					
CITY-ST-ZIP						4.3 STREET ADDRESS				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		NAME				4.4 CITY-ST-ZIP					
STREET ADDRESS		<input type="checkbox"/> DELETE				5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP						5.2 NAME					
TITLE		NAME				5.3 STREET ADDRESS				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		<input type="checkbox"/> DELETE				5.4 CITY-ST-ZIP					
CITY-ST-ZIP						6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		NAME				6.2 NAME					
STREET ADDRESS		<input type="checkbox"/> DELETE				6.3 STREET ADDRESS				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP						6.4 CITY-ST-ZIP					

14. I hereby 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 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.

CR2E034 (10/97)