FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90029 003 \*\*\*158.75

**PROFIT** CORPORATION ANNUAL REPORT

1999

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K38272

1. Corporation CRINER	PETROLEUM AND WELL PO							
Principal Place of Business Mailing Address								)
C/O CATHERINE L. CRINER 2010 WHITE AVE. ORLANDO FL 32806  C/O CATHERINE L. CRINER 2010 WHITE AVE. ORLANDO FL 32806						DO NOT WRITE IN TH	IS SPACE	
						3, Date Incorporated or Qualifed 10/12/1988		
2. Principal P	lace of Business	2a. Mailing Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			4. FEI Number	<u> </u>	plied For
21 26						59-2959106		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75	
22 27							Fee Re	
City & State City & State						6. Election Campaign Financing	\$5.00	
23	28			4		Trust Fund Contribution	Added t	o Fees
Zip	Country Zip Cou			ıtry		8. This corporation owes the current year	ntangible	<b>V</b> ZiNo
24	25 29 30					Personal Property Tax.  10. Name and Address of New Registers		ATINO .
ļ	9. Name and Address of Current	t Registered Agent		81	Name	10. Name and Address of New Registers	u Agent	
CRIN	IER, CATHERINE L.		[ ]			_		
2010 WHITE AVE			[	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32806			ļ.,	83				
One had a second				03			. ,	
,				B4	City	F	85 Zip (	Code
11: Pursuant office or reagent. I as	n familiar with, and accept the obligat	cons or, Section 607.0505, Florid	ga Ştatüt	ies.	named corpone corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its pointment as re	registered gistered
40	Signature, typed or printed name of registered agent OFFICERS ANI		13.	- Gork a	aignatura requisoo	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	PTD	DELETE	1,1 TITL	£	<del></del>	7.00111010101010101010101010101010101010	Change	☐ Addition
NAME			1.2 NAM					
STREET ADDRESS	COAC MUSTER AMEAN IF				ADDRESS			
ii	0 m 1 1 m 0 m		1,4 CITY					ĺ
CITY-ST-ZIP			2,1 TITL				☐ Change	☐ Addition
NAME			2.2 NAM	ИF	1			}
STREET ADDRESS	AND AND DESCRIPTION OF THE PARTY OF THE PART				ADDRESS :			•
CITY-ST-ZIP	A 11 M A		- 2:4 CIT			promotion of the second		<b>-</b> ↓-
TITLE			3.1 TITL				☐ Change	☐ Addition
NAME	CRINER, JAMES E.		3,2 NAM	Æ	ļ			
STREET ADDRESS	7510 NARCOOSSEE RD.		3.3 STR	EET A	LDDRESS			İ
CITY-ST-ZIP				3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITL				Change	☐ Addition
NAME			4. 2 NA	ME				ł
STREET ADDRESS			4.3 STR	EET A	ADDRESS .			
CITY-ST-ZIP			4,4 CITY	Y- ST-2	ZIP			_
				5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAM	Æ				
STREET ADDRESS			5.3 STR	EET A	LDDRESS			
CITY-ST-ZIP			5.4 CITY	/- ST- 2	ZIP			
TITLE		□ DELETE	6.1 TITL	Æ			☐ Change	☐ Addition

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP