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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L02168

BARRINGTON PETROLEUM CONTRACTORS, INC.

Principal Place of Business 107 THICKET LANE PALATKA FL 32177

2. Principal Place of Business

21

CITY - ST - ZIP

SIGNATURE:

Mailing Address

P.O. BOX 1501 PALATKA FL 32177

2a. Mailing Address

26

**FILED** Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

90cf-

Not Applicable

3. Date Incorporated or Qualified 07/14/1989

4. FEI Number

59-2963231

Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution	
Zip	Country	Zip Cou			8. This corporation owes or has paid the current year Intangible	
24	25 29 30		<u> </u>		Personal Property Tax due June 30. Yes No	
9, Name and Address of Current Registered Agent			81	10. Name and Address of New Registered Agent		
TOWNSEND, WILLIAM L., JR				Name		
200 REID ST				82 Street Address (P.O. Box Number is Not Acceptable)		
FIRST UNION BANK BUILDING						
PALATKA FL 32177			83			
\ -			84	City	■■ 85 Zip Code	
5				•	FL   T	
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						
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 privided name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstailing) DATE						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	DELETE	1.1 TITLE	ļ	L1 Change L1 Addition	
NAME	SHEFFIELD, DANIEL A		1.2 NAME	Ì		
Street Address	P. O. BOX 1501 N/A		1.3 STREET	ADDRESS		
CITY - ST - ZIP	PALATKA FL 32178-1501		1.4 CITY~S	T-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	- [	Change  Addition	
NAME	SHEFFIELD, DANIEL A		2.2 NAME			
STREET ADDRESS	P. O. BOX 1501 N/A		2.3 STREET	ADDRESS		
CITY-ST-Z#P	PALATKA FL 32178-1501		2. 4 CITY - S	T-ZIP		
TITLE		DELETE	3.1 TITLE	ļ	Change Addition	
NAME			3.2 NAME	•		
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY - ST - ZIP			3,4, CITY-S	T- ŽIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S1	- ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADORESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST	-ZiP		
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			63 STREET	ADDRESS		

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.