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95 MAY -1 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L41848 (7)
1. Corporation Name
McFARLAND ENERGY CORP.

Principal Place of Business Mailing Address
**4999 N.W. 9 AVENUE
FORT LAUDERDALE FL 33309** **4999 N.W. 9 AVENUE
FORT LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
01/11/1990 **03/21/1994**

4. FEI Number Applied For
65-0167138 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution** 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

**McFARLAND, KELLY
4999 N.W. 9TH AVENUE
FT. LAUDERDALE FL 33309**

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, if 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]* V.P. DATE: **4/11/95**

12. OFFICERS AND DIRECTORS

TITLE P

NAME **McFARLAND, WILLIAM P**

STREET ADDRESS **166 BISCAYNE BLVD**

CITY - ST - ZIP **ISLAMORADA FL**

TITLE VD

NAME **McFARLAND, KELLEY K.**

STREET ADDRESS **6219-3 BAY CLUB DR.**

CITY - ST - ZIP **FORT LAUDERDALE FL**

TITLE VP

NAME **McFARLAND, JAY**

STREET ADDRESS **9584 TAVERIER DRIVE**

CITY - ST - ZIP **BOCA RATON FL**

TITLE ST

NAME **McFARLAND, HELEN D**

STREET ADDRESS **166 BISCAYNE BLVD**

CITY - ST - ZIP **ISLAMORADA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP **70000 1493287**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP **-05/18/95 -- 01040 Comp. 002**

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP ******200.00 ****200.00**

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 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 110.07(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, or on an attachment with an address.

SIGNATURE: *[Signature]* V.P. DATE: **4/11/95** (305) 491-0084