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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000002634					
1. Corporation Name WIDOWS OIL INC.					
Principal Place of Business 18701 OLD SHADY HILL RD SPRING HILL FL 34610 US			Mailing Address 18701 OLD SHADY HILLS RD SPRING HILL FL 34610 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/20/1994 4. FEI Number 59-3246429 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent ROBINSON, SYLVIA 5251 BALDOCK AVE SPRING HILL FL 34608			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 617.0502 and 617.1508, 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 617.0503, 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 ROBINSON, SYLVIA STREET ADDRESS 5251 BALDOCK AVE CITY-ST-ZIP SPRING HILL FL 34608 <input checked="" type="checkbox"/> DELETE			1.1 TITLE PRES. 1.2 NAME ROBERT MULDER 1.3 STREET ADDRESS 7114 Orinoco Rd. 1.4 CITY-ST-ZIP Brooksville, Fl. 34613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VD NAME HELLMERS, DEBRA L STREET ADDRESS 10221 ELGIN BLVD. CITY-ST-ZIP SPRING HILL FL <input type="checkbox"/> DELETE			2.1 TITLE V.P. 2.2 NAME Marion Badwak 2.3 STREET ADDRESS 2131 Meadowlark Rd. 2.4 CITY-ST-ZIP Spring Hill, Fl. 34608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE STD NAME LOONEY, BENJAMIN F JR. STREET ADDRESS 9011 BONNET WAY CITY-ST-ZIP BROOKSVILLE FL 34613 <input type="checkbox"/> DELETE			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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.

SIGNATURE:

Sylvia Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Registered Agent

4-8-99 727-856-
Date Daytime Phone # 2278

CR2E037- (4/1/98)