

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000000423 (1)

1. Corporation Name

FLORIDA INDEPENDENT PETROLEUM PRODUCERS LEGISLATIVE FUND, INC.

Principal Place of Business

2640 GOLDEN GATE PKWY
SUITE 106
NAPLES FL 34105
US

Mailing Address

POST OFFICE BOX 230
PENSACOLA FL 32501

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified

01/24/1996

4. FEI Number

59-3360913

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUNCAN, ROBERT D JR
2640 GOLDEN GATE PKWY
#106
NAPLES FL 34105

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME DUNCAN, ROBERT D JR.
STREET ADDRESS 2640 GOLDEN GATE PARKWAY
CITY-ST-ZIP NAPLES FL
[] DELETE
TITLE D
NAME HODGES, GREGORY L
STREET ADDRESS 700 SOUTH PALAFAX STREET
CITY-ST-ZIP PENSACOLA FL 32501
[] DELETE
TITLE D
NAME MCCARROLL, MATT
STREET ADDRESS 1600 SMITH STREET
CITY-ST-ZIP HOUSTON TX 77002
[X] DELETE
TITLE DT
NAME MACKENZIE, BRIAN H
STREET ADDRESS 2640 GOLDENGATE PARKWAY
CITY-ST-ZIP NAPLES FL
[] DELETE
TITLE D
NAME SYLTE, THOMAS W
STREET ADDRESS 605 SUNTRUST BANK TOWER, 220 W GARDEN ST.
CITY-ST-ZIP PENSACOLA FL 32501
[] DELETE
TITLE DS
NAME WHITTAKER, MICHAEL K
STREET ADDRESS 1600 SMITH ST., SUITE 1500
CITY-ST-ZIP HOUSTON TX
[] DELETE

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-3-98

941-262-0900

CR2E037 (5/98)

FILED
Sep 17 1998 8:00am⁸
Secretary of State

