


FILE NOW: FILING FEE IS \$61.25

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Jul 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000423

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 21 2600 GOLDEN GATE PKWY Suite, Apt. #, etc. 22 SUITE #112 City & State 23 NAPLES, FL Zip 24 34105 Country 25		2a. Mailing Address 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 <input checked="" 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 DUNCAN, ROBERT D JR 2640 GOLDEN GATE PKWY #106 NAPLES FL 34105				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2600 GOLDEN GATE PKWY 83 SUITE #112 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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNCAN, ROBERT D JR.	1.2 NAME	JIM RUMSEY
STREET ADDRESS	2640 GOLDEN GATE PARKWAY	1.3 STREET ADDRESS	500 DALLAS STREET, SUITE 700
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	HOUSTON, TX 77002
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HODGES, GREGORY L	2.2 NAME	DON TRIMBLE
STREET ADDRESS	700 SOUTH PALAFAX STREET	2.3 STREET ADDRESS	500 DALLAS STREET, SUITE 700
CITY-ST-ZIP	PENSACOLA FL 32501	2.4 CITY-ST-ZIP	HOUSTON, TX 77002
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKENZIE, BRIAN H	3.2 NAME	
STREET ADDRESS	2640 GOLDENGATE PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYLTE, THOMAS W	4.2 NAME	
STREET ADDRESS	605 SUNTRUST BANK TOWER, 220 W GARDEN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	4.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTAKER, MICHAEL K	5.2 NAME	
STREET ADDRESS	1600 SMITH ST., SUITE 1500	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)