

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P07121**

1. Corporation Name

L AND L OIL COMPANY

Principal Place of Business
**P.O. BOX 1007
TIFTON GA 31793**

Mailing Address
**P.O. BOX 1007
TIFTON GA 31793**

FILED

99 AUG 26 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1985

4. FEI Number

58-0633586

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

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LINSEY, W.F.
901 LIVE OAK PLANTATION ROAD
TALLAHASSEE FL 32301**

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, 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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD LINSEY, BOBBY**
STREET ADDRESS **MELBA DRIVE**
CITY-ST-ZIP **TIFTON GA**

TITLE ☒ DELETE
NAME **VD DENBY, RHEUDEAN**
STREET ADDRESS **704 EAST 8TH STREET**
CITY-ST-ZIP **TIFTON GA**

TITLE ☐ DELETE
NAME **D LINSEY, W.F.**
STREET ADDRESS **901 LIVE OAK PLANTATION**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE
NAME **D LINSEY, W.F. (MRS.)**
STREET ADDRESS **901 LIVE OAK PLANTATION**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE
NAME **D LINSEY, BOBBY (MRS.)**
STREET ADDRESS **MELBA DRIVE**
CITY-ST-ZIP **TIFTON GA**

TITLE ☒ DELETE
NAME **ST MCCALL, W.A.**
STREET ADDRESS **2201 MEADOWBROOK DRIVE**
CITY-ST-ZIP **TIFTON GA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D Lindsey, Wm Scott**
1.3 STREET ADDRESS **1347 E. Tennessee St.**
1.4 CITY-ST-ZIP **Tallahassee, FL 32308**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D Lindsey, John A.**
2.3 STREET ADDRESS **Melba Drive**
2.4 CITY-ST-ZIP **Tifton, GA**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **S.T. Lindsey, Robert B**
3.3 STREET ADDRESS **1347 E. Tennessee St.**
3.4 CITY-ST-ZIP **Tallahassee, FL 32308**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **100002974721--8**
4.3 STREET ADDRESS **-08/31/99--01052--011**
4.4 CITY-ST-ZIP *****550.00 ***550.00**

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Wm Scott Lindsey**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/99 850-877-0666
Date Daytime Phone #

CR2E034 (5/99)