## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P18894

(6)

A.W. HERNDON OIL COMPANY, INCORPORATED

A.W. MENINDON OIL COMPANY, INCOMPCIATED				
Principal Place of Business	Mailing Address			
100 NORTH COURT SQUARE ABBEVILLE AL 36310	100 NORTH COURT SOI ABBEVILLE AL 36310			

FILED Mar 17 1998 8:00am Secretary of State



100 NORTH COURT SQUARE ABBEVILLE AL 38310		100 NORTH COURT SOUARE ABBEVILLE AL 36310				
ADDEVICE A		ADDETILEE NE SOUT		DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualified		
				04/19/1988		
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		63-0589329	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		Of Continues of Calaba Control	Fee Required	
City & State	)	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip.	Country	Zip	Country	<ol><li>This corporation owes or has paid the cu</li></ol>		
24	25	29	30	. Dissilar i i braili, i alla alla alla alla alla alla al	∐ Yes ∐ No	
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered	Agent	
HE	RNDON, AMOS WILEY, JR.		81 Name			
	17305 W HGWY 98 82			2 Street Address (P.O. Box Number is Not Acceptable)		
	NAMA CITY BCH FL 32407					
			83			
			24 0		85 Zip Code	
			84 City	FL	_   85   Zip Code	
11 Pursuant t	o the provisions of Sections 607 (	0502 and 607 1508. Florida Sta	atutes, the above-name	d corporation submits this statement for the number of	of changing its registered	
office or re	egistered agent or both in the St.	ate of Florida. Such change w	as authorized by the coi	rporation's board of directors. I hereby accept the app	pointment 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	egent and title if confinehia /	NOTE: Registered Agent signatur	re required when reinstating) DATE		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	HERNDON, A.W.	_	1.2 NAME			
1	OZARK ROAD		1.3 STREET ADORESS			
STREET ADDRESS	ABBEVILLE AL		110 0 711 0 111 111 111 111 111 111 111			
CITY-ST-ZIP	VD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	
TITLE	• •					
NAME	HERNDON, BETTY		2.2 NAME			
STREET ADDRESS	OZARK ROAD		2.3 STREET ADDRESS			
CITY-ST-ZIP	ABBEVILLE AL	Documen	2. 4 CITY-ST-ZIP		Change Addition	
TITLE	SD	DELETE	3.1 T(TLE		C) Criarile C) Modition	
NAME	HERNDON, SHERRI		3.2 NAME			
STREET ADDRESS	112 EMERALD LAKE		3.3 STREET ADDRESS			
CITY-ST-ZIP	DOTHAN AL		3.4. CłTY - ST - ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
•			5.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETÉ	6.1 TITLE		Change Addition	
1			6.2 NAME			
NAME						
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	artify that the information synchology	t with this filing does not quali	6.4 CITY-ST-ZIP	ted in Section 119.07(3)(i). Florida Statutes, I further c	ertify that the Information	

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 informatio 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 arganizement with an address.

3/2/00

228-504 1.124