PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P18894

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90219 026 ***150.00

A.W. HE	ERNDON OIL COMPANY, I	NCORPORATED		
Principal Plac	ce of Business	Mailing Address		å 1861801 184 1188 18191 (8119 1811) atan drätt dibtt dibtt bibtt bibtt
100 NORTH COURT SQUARE 100 NORTH COURT SQUARE				703
ABBEVILLE AL 36310 ABBEVILLE AL 36310				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
Ì				04/19/1988
—	Place 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
27				
City & State City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
23		28	Country	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax Yes
24	25]	29 3	<u> </u>	Personal Property Tax. LIYes 10. Name and Address of New Registered Agent
	9. Name and Address of Cur	rent Registered Agent	81 Name 11	
HERNDON, AMOS WILEY, JR. 17305 W HGWY 98 PANAMA CITY BCH FL 32407			H	terndon, Amos Witey
				Iress (P.O. Box Number is Not Acceptable)
				7135 Front Beach Ad. # 15
PAI	MAMA CITT BOTH PE 32407		83	
:			84 City D	anama City Beach FL 85 Zip Code 32 407
11. Pursuan office or agent. I	t to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	0502 and 607.1508, Florida Statutes ate of Florida. Such change was auth igations of, Section 607.0505, Florid	the above-named corr	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOTE: R	egistered Agent signature require	red when reinstating) DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HERNDON, A.W.		1.2 NAME	
STREET ADDRESS	071011 0010		1.3 STREET ADDRESS	
CITY-ST-ZIP	ABBEVILLE AL		1.4 CITY-ST-ZIP	· v wv. ·
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HERNDON, BETTY		2.2 NAME	
STREET ADDRESS	07171/ 5015		2.3 STREET ADDRESS	
	ABBEVILLE AL		2. 4 CITY-ST-ZIP	*:
CITY-ST-ZIP TITLE	SD SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HERNDON, SHERRI		3.2 NAME	
}			3.3 STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
STREET ADDRESS				• • • • • • • • • • • • • • • • • • • •
CITY-ST-ZIP TITLE	DOTHAN AL	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition
		- Detere	1	
NAME			4. 2 NAME	
STREET ADDRESS	s		4.3 STREET ADDRESS	
CITY-ST-ZIP		∏ nti crt	4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	C change Addition
NAME				}
STREET ADDRESS	s		5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME				
	1		6.2 NAME	
STREET ADDRES	s		6.2 NAME 6.3 STREET ADDRESS	

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 Jeceiver 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, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR