

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED May 07 1997 8:00am Secretary of State	
DOCUMENT # P27032 (2) 1. Corporation Name SCHOONER EXPLORATION ASSOCIATES, LTD., INC.			
Principal Place of Business O LILLY POND DRIVE CAMDEN ME 04843		Mailing Address O LILLY POND DRIVE CAMDEN ME 04843	
2. Principal Place of Business 22 Suite, Apt. #, etc. 23 City & State 24 Zip Country		3a. Date of Last Report 05/01/1996 3. Date Incorporated or Qualified 11/27/1989 4. FEI Number 22-2931403 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date of Last Report 05/01/1996 3. Date Incorporated or Qualified 11/27/1989 4. FEI Number 22-2931403 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA DRIVE SUITE 105 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 PTSD ☐ DELETE NAME MCKEAN, JOHN P. STREET ADDRESS O LILLY POND DRIVE CITY - ST - ZIP CAMDEN ME 04843 TITLE ☐ DELETE NAME STREET ADDRESS CITY - ST - ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY - ST - ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY - ST - ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY - ST - ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 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 do 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: JOHN P. MCKEAN 4/27/97 305-292-9898			