

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90028 050 \*\*\*150.00

**DOCUMENT # P31929**

1. Corporation Name

**PLANTATION PETROLEUM, INC. OF GEORGIA**

Principal Place of Business

403 SMITH AVENUE  
THOMASVILLE GA 31792  
US

Mailing Address

P.O. BOX 146  
THOMASVILLE GA 31799  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1990

4. FEI Number

58-1908691

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 Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERCER, FRANK  
3658 DWIGHT DAVIS DRIVE  
TALLAHASSEE FL 32312

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD  
NAME LEWIS, MONTY  
STREET ADDRESS P.O. BOX 1694 (N/A)  
CITY-ST-ZIP THOMASVILLE GA

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V  
NAME CLARK, ANDREW, III  
STREET ADDRESS PO BOX 146 N/A  
CITY-ST-ZIP THOMASVILLE GA

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD  
NAME LEWIS, JANE  
STREET ADDRESS P.O. BOX 1694 (N/A)  
CITY-ST-ZIP THOMASVILLE GA

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME HARMON, LARRY  
STREET ADDRESS 215 TALL PINES DRIVE  
CITY-ST-ZIP THOMASVILLE GA

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE V  
NAME RICHARD P. GRIFFIN  
STREET ADDRESS RT 1 BOX 102  
CITY-ST-ZIP OCHLOCKNEE GA

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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, with all other like empowered.

SIGNATURE:

*Monty Lewis*, PRESIDENT MONTY LEWIS

Date

Daytime Phone #

1-13-99 912-226-5600

CR2E034 (11/98)