

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P31997 (0)
1. Corporation Name
MAJOR OIL CO., INC.

Principal Place of Business
P.O. BOX 11
MONTGOMERY AL 36101

Mailing Address
P.O. BOX 11
MONTGOMERY AL 36101-0011



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/04/1990		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 63-0368922		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCNEILL, B. J. 723 WEST MAIN STREET PENSACOLA FL 32501				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 file if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCO	☐ DELETE		1.1 TITLE	Chief Executive Officer	☒ Change ☐ Addition	
NAME	MCNEILL, B. J.			1.2 NAME	mcneill, B. J.		
STREET ADDRESS	P. O. BOX 11 N/A			1.3 STREET ADDRESS	P.O. Box 11 N/A		
CITY-ST-ZIP	MONTGOMERY AL			1.4 CITY-ST-ZIP	Montgomery, AL 36101		
TITLE	President	☐ DELETE		2.1 TITLE	President	☐ Change ☒ Addition	
NAME	Robert L. Chambliss			2.2 NAME	Robert Chambliss		
STREET ADDRESS	212 Spruce St			2.3 STREET ADDRESS	P.O. Box 11 N/A		
CITY-ST-ZIP	Prattville, AL 36067			2.4 CITY-ST-ZIP	Montgomery, AL 36101		
TITLE	Secretary/Treasurer	☐ DELETE		3.1 TITLE	Secretary/Treasurer	☐ Change ☒ Addition	
NAME	Mary Huett			3.2 NAME	MARY HUETT		
STREET ADDRESS	1213 Bessemer Dr			3.3 STREET ADDRESS	P.O. Box 11 N/A		
CITY-ST-ZIP	Montgomery, AL 36116			3.4 CITY-ST-ZIP	Montgomery, AL 36101		
TITLE	Vice President	☐ DELETE		4.1 TITLE	VICE-PRESIDENT	☐ Change ☒ Addition	
NAME	Gwendolyn Guillotte			4.2 NAME	Gwen Guillotte		
STREET ADDRESS	229 Florida Avenue			4.3 STREET ADDRESS	P.O. Box 11 N/A		
CITY-ST-ZIP	Guelf Breeze Fl 32561			4.4 CITY-ST-ZIP	MONTGOMERY, AL 36101		
TITLE		☐ DELETE		5.1 TITLE		☐ Change ☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE		☐ Change ☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, changed, or on an attachment with an address.

SIGNATURE: _____

CR2E034 (9/96)