

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P35587

(5)

1. Corporation Name

OSAN PETROLEUM CO., INCORPORATED

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 1167 6TH ST. MACON GA 31206 US		Mailing Address POST OFFICE BOX 2285 MACON GA 31203	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
3. Date Incorporated or Qualified 09/20/1991		3a. Date of Last Report 05/01/1994	
4. FEI Number 58-1181258		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	
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	☐ Change ☐ Addition
NAME	OSWALD, WALTER E.	1.2 NAME	
STREET ADDRESS	856 TUCKER RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MACON GA	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	OSWALD, KATHERINE A.	2.2 NAME	
STREET ADDRESS	856 TUCKER RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MACON GA	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	OSWALD, JOHN EDWARD	3.2 NAME	
STREET ADDRESS	337 ABBOTT PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. SIMONS ISLAND GA	3.4 CITY - ST - ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	NORWOOD, W. ED	4.2 NAME	
STREET ADDRESS	780 CAPTAIN KELL DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MACON GA	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	CAIN, W. JIMMY	5.2 NAME	
STREET ADDRESS	451 E. BUFORD RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	MACON GA	5.4 CITY - ST - ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICIAL OFFICER OR DIRECTOR

WALTER E. OSWALD JR. 4-24-95 912742-4534