

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P35587 (5)

1. Corporation Name

OSAN PETROLEUM CO., INCORPORATED



Principal Place of Business

**1167 6TH ST.
MACON GA 31206
US**

Mailing Address

**POST OFFICE BOX 2285
MACON GA 31203**

3. Date Incorporated or Qualified
09/20/1991

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

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**

8. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DC** ☐ DELETE
NAME **OSWALD, WALTER E.**
STREET ADDRESS **856 TUCKER RD.**
CITY-STATE-ZIP **MACON GA**

TITLE **S** ☐ DELETE
NAME **OSWALD, KATHERINE A.**
STREET ADDRESS **856 TUCKER RD.**
CITY-STATE-ZIP **MACON GA**

TITLE **V** ☐ DELETE
NAME **OSWALD, JOHN EDWARD**
STREET ADDRESS **337 ABBOTT PLACE**
CITY-STATE-ZIP **ST. SIMONS ISLAND GA**

TITLE **P** ☐ DELETE
NAME **NORWOOD, W. ED**
STREET ADDRESS **780 CAPTAIN KELL DR.**
CITY-STATE-ZIP **MACON GA**

TITLE **V** ☐ DELETE
NAME **CAIN, W. JIMMY**
STREET ADDRESS **451 E. BUFORD RD.**
CITY-STATE-ZIP **MACON GA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **3085 River Ridge DR.**
5.4 CITY-STATE-ZIP **MACON, GA 31204**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/96

(202) 742-4634

CR2E034 (12/95)