

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

FILED

May 08 1997 8:00am

Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 31203-2285



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/20/1991		3a. Date of Last Report 05/01/1996	
21		26		4. FET Number 58-1181258		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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	DC		<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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		<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAIN, W. JIMMY			5.2 NAME			
STREET ADDRESS	3085 RIVER RIDGE DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	MACON GA			5.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]* NE

4/29/97 6:10PM 4534

CR2E034 (9/96)