

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

FILED

May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P38451** (1)  
1. Corporation Name  
**SAV-A-TON OIL, INC.**

Principal Place of Business <b>P.O. BOX 2549 ROME GA 30164-2549</b>	Mailing Address <b>P.O. BOX 2549 ROME GA 30164-2549</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>04/22/1992</b>	
		4. FEI Number <b>58-1534323</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VP
NAME	CAMP, ELIZABETH W.	1.2 NAME	DON NEWTON
STREET ADDRESS	1928 SHORTER AVE.	1.3 STREET ADDRESS	1928 Shorter Ave.
CITY-ST-ZIP	ROME GA	1.4 CITY-ST-ZIP	ROME, GA
TITLE	CD	2.1 TITLE	VP
NAME	CAMP, WILLIAM L.	2.2 NAME	ROBERT CARROLL
STREET ADDRESS	1928 SHORTER AVE.	2.3 STREET ADDRESS	1928 SHORTER AVE
CITY-ST-ZIP	ROME GA	2.4 CITY-ST-ZIP	ROME, GA
TITLE	S	3.1 TITLE	
NAME	FINCHER, ROSEMARY	3.2 NAME	
STREET ADDRESS	1928 SHORTER AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROME GA	3.4 CITY-ST-ZIP	
TITLE	CON	4.1 TITLE	
NAME	LUSK, LYNN	4.2 NAME	
STREET ADDRESS	1928 SHORTER AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROME GA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 entry.

SIGNATURE:  Rosemary Fincher 4-28-98 (706) 232-9113

CR2E034 (10/97)