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Feb 19 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 # P93000005929 (3)

1. Corporation Name
TERRIER OIL COMPANY

Principal Place of Business Mailing Address
407 BONAIRE DR. 307 Marguerite Blvd 407 BONAIRE DR. 307 Marguerite Blvd
LAFAYETTE LA 70508 Lafayette, LA LAFAYETTE LA 70508-0831 Lafayette, LA
US 70503 US 70503



2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 307 Marguerite Blvd. 27 307 Marguerite Blvd.
City & State City & State
23 Lafayette, LA 28 Lafayette, LA
Zip Country Zip Country
24 70503 25 29 70503 30

3. Date Incorporated or Qualified 3a. Date of Last Report
01/20/1993 07/15/1996
4. FEI Number Applied For
59-3168929 Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution 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 10. Name and Address of New Registered Agent
ANDERSON, SUSAN M 81 Name
408 BAYSHORE DR. Rountree, Susan M.
PENSACOLA FL 32507 82 Street Address (P.O. Box Number is Not Acceptable)
1192 Longwood Drive
83
84 City Gulf Breeze, FL 85 Zip Code 32561

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, GERALD D SR	1.2 NAME	
STREET ADDRESS	7320 HAYWARD AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32508	1.4 CITY - ST - ZIP	
TITLE	PV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, ARDEN A	2.2 NAME	Arden A. Anderson
STREET ADDRESS	8 STAR LAKE DR	2.3 STREET ADDRESS	307 Marguerite Blvd.
CITY - ST - ZIP	PENSACOLA FL	2.4 CITY - ST - ZIP	Lafayette, LA 70503
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary - Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, SUSAN M	3.2 NAME	Rountree, Susan M.
STREET ADDRESS	408 BAYSHORE DR.	3.3 STREET ADDRESS	1192 Longwood Drive
CITY - ST - ZIP	PENSACOLA FL 32507	3.4 CITY - ST - ZIP	Gulf Breeze, FL 32561
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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: Arden A. Anderson 2-13-97 318/233-8881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)