

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

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Feb 06 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000077024 (6)

1. Corporation Name
COMPASS OIL, INC.Principal Place of Business
1783 TAMiami TR
PT CHARLOTTE FL 33948
USMailing Address
1783 TAMiami TR
PORT CHARLOTTE FL 33948-1044
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/08/1993		3a. Date of Last Report 03/18/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0447002		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent JURSINSKI, KEVIN F 2000 MAIN ST. #402 FORT MYERS FL 33901				10. Name and Address of New Registered Agent 81 Name ROBERT T. MAHER, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 1601 JACKSON STREET 83 SUITE 201 84 City FORT MYERS FL 85 Zip Code 33901			
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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 Robert T. Maher Robert T. Maher P.A. 1/29/97
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	T	DELETE		1.1 TITLE	Vice Pres.	Change	Addition
NAME	DOWNES II, HOMER F.			1.2 NAME	HOMER F. DOWNES II		
STREET ADDRESS	25380 PALADIN LN			1.3 STREET ADDRESS	30 SPORTSMAN LANE		
CITY-ST-ZIP	PUNTA GORDA FL			1.4 CITY-ST-ZIP	ROTTERDAM WEST FL. 33947		
TITLE	S	DELETE		2.1 TITLE		Change	Addition
NAME	MC VICKER, JR. M			2.2 NAME			
STREET ADDRESS	1348 WILMETTE ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL			2.4 CITY-ST-ZIP			
TITLE		DELETE		3.1 TITLE	Pres.	Change	Addition
NAME				3.2 NAME	M. CHALI V. DOHERTY		
STREET ADDRESS				3.3 STREET ADDRESS	28396 SOMBRERO DR. W		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	BONITA SPRINGS FL. 33923		
TITLE		DELETE		4.1 TITLE		Change	Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE		Change	Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		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 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. HOMER F. DOWNES II

SIGNATURE: Homer F. Downes II Vice Pres 1/29/97 941-624-4571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)