

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/94: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 12 AM 8: 55

PROFIT CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Monrham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000086961 (7)

1. Corporation Name

AMERICAN PAN-AFRICAN OIL CO.

Principal Place of Business	Mailing Address
2627 BREEZEWIND DRIVE ORLANDO FL 32839	2627 BREEZEWIND DRIVE ORLANDO FL 32839

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/28/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FBI Number	Applied For
22		27		59-3305895	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		☐	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	☐	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

PERRY, JAMES E ESQ.
605 EAST ROBINSON STREET STE. 630
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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	1.1 TITLE	C/D
NAME	BRYAN, THOMAS J JR.	1.2 NAME	Joseph N. Garba
STREET ADDRESS	2627 BREEZEWIND DRIVE	1.3 STREET ADDRESS	535 Mantling Avenue
CITY - ST - ZIP	ORLANDO FL 32839	1.4 CITY - ST - ZIP	Tarrytown, New York 10541
TITLE	D	2.1 TITLE	P/D
NAME	BRYAN, RACHEL B	2.2 NAME	Thomas J. Bryan, Jr
STREET ADDRESS	2627 BREEZEWIND DRIVE	2.3 STREET ADDRESS	2627 Breezewind Drive
CITY - ST - ZIP	ORLANDO FL 32839	2.4 CITY - ST - ZIP	Orlando, FL 32839
TITLE		3.1 TITLE	T/D
NAME		3.2 NAME	Rachel B. Bryan
STREET ADDRESS		3.3 STREET ADDRESS	2627 Breezewind Drive
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Orlando, FL 32839
TITLE		4.1 TITLE	V/S/D
NAME		4.2 NAME	Thomas J. Bryan, III
STREET ADDRESS		4.3 STREET ADDRESS	12351 Kenton Circle
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Orlando, FL 32837
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Ployd Dixon
STREET ADDRESS		5.3 STREET ADDRESS	3120 Meander Circle
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Colorado Spring, CO 80917
TITLE		6.1 TITLE	D
NAME		6.2 NAME	James Ryan
STREET ADDRESS		6.3 STREET ADDRESS	114 Juniper Lane
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Longwood FL 32779

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 if changed, or on an attachment with an address.

SIGNATURE: *Thomas J. Bryan, Jr.* **Thomas J. Bryan, Jr., President** **6/6/95** **407-240-3246**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (3/95)