SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 AUG 29 AM 7:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3. Date Incorporated or Qualified: 11/28/1994
3a. Date of Last Report: 06/12/1995
4. FEI Number: 59-3305895 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☑ DELETE	11 TITLE	☑ Change ☐ Addition
NAME	GARBA, JOSEPH N		12 NAME	CPD Bryan, Thomas J. Jr.
STREET ADDRESS	535 MANTLING AVENUE		13 STREET ADDRESS	2627 Breezewind Drive
CITY-ST-ZIP	TARRYTOWN NE		14 CITY-ST-ZIP	Orlando, FL 32839
TITLE	PD	☐ DELETE	21 TITLE	D ☐ Change ☑ Addition
NAME	BRYAN, THOMAS J		22 NAME	Sullivan, Leo A Bid #4
STREET ADDRESS	2627 BREEZEWIND DRIVE		23 STREET ADDRESS	1265 South Semoran Blvd Suite 1250
CITY-ST-ZIP	ORLANDO FL		24 CITY-ST-ZIP	Winter Park, FL 32792-5512
TITLE	TD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	BRYAN, RACHEL B		32 NAME	
STREET ADDRESS	2627 BREEZEWIND DRIVE		33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		34 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	BRYAN, THOMAS J 111		42 NAME	
STREET ADDRESS	12351 KEATON CIRCLE		43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	DIXON, FLOYD		52 NAME	
STREET ADDRESS	3120 MEANDER CIRCLE		53 STREET ADDRESS	
CITY-ST-ZIP	COLORADO SPRINGS CO		54 CITY-ST-ZIP	$8/8/28
TITLE	D	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	RYAN, JAMES		62 NAME	
STREET ADDRESS	114 JUNIPER LANE		63 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL		64 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thos. J. B. Bryan, Thomas J. Jr. 8/16/96 407-240-3246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #