

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90081 019 \*\*\*150.00

DOCUMENT # P95000021350

1. Corporation Name

SOUTH GEORGIA PETROLEUM CO.

Principal Place of Business

2406 HARPER ST  
JACKSONVILLE FL 33203-3250

Mailing Address

P O BOX 43250  
JACKSONVILLE FL 33203-3250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1995

4. FEI Number

59-3301724

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 7014 A C SKINNER PARKWAY

2a. Mailing Address

26 7014 A C SKINNER PARKWAY

Suite, Apt. #, etc.

22 SUITE 290

Suite, Apt. #, etc.

27 SUITE 290

City & State

23 JACKSONVILLE FL

City & State

28 JACKSONVILLE FL

Zip

24 32256

Country

25 USA

Zip

29 32256

Country

30 USA

9. Name and Address of Current Registered Agent

FALLS, NANCY F.  
2406 HARPER ST  
JACKSONVILLE FL 33203-3250

10. Name and Address of New Registered Agent

81 Name

ADDRESS CHANGE ONLY

82 Street Address (P.O. Box Number is Not Acceptable)

7014 A C SKINNER PARKWAY

83 SUITE 290

84 City

JACKSONVILLE

FL

85 Zip Code

32256

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

TITLE DVP ☐ DELETE  
NAME FRANCIS, JAMES D.  
STREET ADDRESS 2406 HARPER ST  
CITY-ST-ZIP JACKSONVILLE FL

TITLE V/D ☐ DELETE  
NAME J. GUIL RAY, JR.  
STREET ADDRESS 2406 HARPER ST  
CITY-ST-ZIP JACKSONVILLE FL 33203-3250

TITLE P ☒ DELETE  
NAME OSTERMAN JR, PETER R  
STREET ADDRESS 2406 HARPER ST  
CITY-ST-ZIP JACKSONVILLE FL

TITLE S ☐ DELETE  
NAME FALLS, NANCY F.  
STREET ADDRESS 2406 HARPER ST  
CITY-ST-ZIP JACKSONVILLE FL 33203-3250

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 7014 A C SKINNER PARKWAY SUITE 290  
1.4 CITY-ST-ZIP JACKSONVILLE FL 32256

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 7014 A C SKINNER PARKWAY SUITE 290  
2.4 CITY-ST-ZIP JACKSONVILLE FL 32256

3.1 TITLE P ☐ Change ☒ Addition  
3.2 NAME EDGE, AUBREY L  
3.3 STREET ADDRESS 7014 A C SKINNER PARKWAY SUITE 290  
3.4 CITY-ST-ZIP JACKSONVILLE FL 32256

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 7014 A C SKINNER PARKWAY SUITE 290  
4.4 CITY-ST-ZIP JACKSONVILLE FL 32256

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED L. Edge

04/27/99

904/596-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)