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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000037496 (2)

CT PETROLEUM CONTRACTORS, INC.

Principal	Place	of	Business
7			

Mailing Address

FILED May 12 1997 8:00am Secretary of State



ROUTE 4-BOX 760-C ROUTE 1 BOX 780-C SANDERSON FL 32087 SANDERSON FL 32087-9787 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For PO, Box 156 15424 N.E.CR 1475 26 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required ity & State 6. Election Campaign Financing \$5.00 May Be 23 Gainsville 28 Trust Fund Contribution Added to Fees Country This corporation has liability for intangible tax under s. 199.032, Florida Statutos 29 Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name STRICKLAND, CHARLES ROUTE 1-BOX-780-C 82 Street Address (P.O. Box Number is Not Acceptable) SANDERSON FL-32087 83 84 City Zip Code 85 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 Stgnature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent a greature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. DELETE Change Addition TITLE 1.1 1111.6 NAME 1.2 NAME STRICKLAND, CHARLES **CR2E034** STREET ADDRESS ROUTE-1-BOX-780-C 1.3 STHEET ADDRESS 1.4 CITY - \$1 - ZIP CITY-ST-ZIP SANDERSON FL 32087 DELFTE Change Addition TITLE 2.1 1/116 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 DITY-ST-ZIP DELETE Change Addition TITLE 3.1 THEF NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZiP TITLE DE LETE 4.1 THILE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 O/1Y - ST - ZIP DELETE Change Addition TITLE 5.1 TBLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 HILE NAME **6.2 NAME** STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP G.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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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.