


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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **P96000049413 (3)**

1. Corporation Name
OIL CADDY, INC.

Principal Place of Business
**4903 NW 40TH TER
GAINESVILLE FL 32606**

Mailing Address
**4903 NW 40TH TER
GAINESVILLE FL 32606**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 685 Suite, Apt. #, etc. 22 City & State 23 SEBRING, FL Zip Country 24 33871 25 FL		2a. Mailing Address 26 P.O. Box 685 Suite, Apt. #, etc. 27 City & State 28 SEBRING, FL Zip Country 29 33871 30 FL		3. Date Incorporated or Qualified 06/10/1996	
		4. FEI Number 59-3391477		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

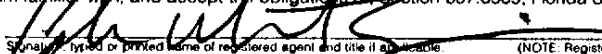
**SWAINE, J. MICHAEL
4903 NW 40TH TER
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent

81 Name SWAINE, J. MICHAEL
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



Signature typed or printed name of registered agent and title if applicable

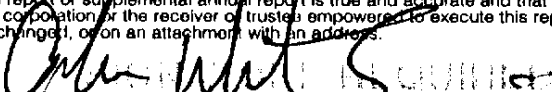
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	SWAINE, JOHN W 4903 NW 40TH TER GAINESVILLE FL 32606	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> DELETE	LOCKARD, GARY W 3920 NW 62ND AVE GAINESVILLE FL 32653	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> DELETE	SWAINE, DEIDRA M 4903 NW 40TH TER GAINESVILLE FL 32653	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> DELETE	LOCKARD, MICHELLE B 3920 NW 62ND AVE GAINESVILLE FL 32653	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.

SIGNATURE:



4-10-98

941-999-1408

CR2E034 (10/97)