

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000102940
Corporation Name
PINNACLE PETROLEUM CORPORATION

Principal Place of Business Mailing Address
C/O DARYL B. CRAMER ESQ.
1 CLEARLAKE CEN. 250 AUSTRALIAN AV S. #201
W. PALM BEACH FL 33401
C/O DARYL B. CRAMER ESQ.
1 CLEARLAKE CEN. 250 AUSTRALIAN AV S. #201
W. PALM BEACH FL 33401

FILED
May 05 1998 8:00am
Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/23/96
4. FEI Number
65-0780068
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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 c/o Daryl B. Cramer, P.A. 26 c/o Daryl B. Cramer, P.A.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 515 North Flagler Dr. #910 27 515 North Flagler Dr. #910
City & State City & State
23 West Palm Beach, FL 28 West Palm Beach, FL
Zip Country Zip Country
24 33401-4325 25 USA 29 33401-4325 30 USA

9. Name and Address of Current Registered Agent

Daryl B. Cramer, ESq.
ONE CLEARLAKE CENTRE - SUITE 201
250 AUSTRALIAN AVE SOUTH
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name Daryl B. Cramer, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
515 North Flagler Drive
83 Suite 910
84 City West Palm Beach FL 85 Zip Code
33401-4325

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 checked name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO PREVIOUS REPORT	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garrison S. Banks	1.2 NAME	Garrison S. Banks
STREET ADDRESS	250 Australian Ave. S., Ste. 201	1.3 STREET ADDRESS	515 North Flagler Drive, Ste. 910
CITY-ST-ZIP	West Palm Beach, FL 33401	1.4 CITY-ST-ZIP	West Palm Beach, FL 33401-4325
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	600002511426
STREET ADDRESS		6.3 STREET ADDRESS	-05/05/98--01079--043
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***158.75

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

Garrison S. Banks, President

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641
2898 915-5727