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 # 1. Corporation Name P97000011609 (9)

OPSAHL OIL COMPANY, INC.

Principal Place of Business

Mailing Address

1537 NORTH DEL PRADO BLVD

1537 NORTH DEL PRADO BLVD CAPE CORAL EL 33809

FILED Mar 27 1998 8:00am Secretary of State



CAPE CONAL PL 33503							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							02/03/1997		
2. Principal P	2a. Mailing Address	ddress			4. FEI Number Applied For				
21 1541	541 DEL PRADO BLVD. N. 26						36-3556572 Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired \$8.75 Additional		
22			27				Fee Required		
City & Stat	е		City & State				6. Election Campaign Financing \$5.00 May Be		
23			28	28			Trust Fund Contribution Added to Fees		
Zip		Country	Ζφ	Cou	untry	•	8. This corporation owes or has paid the current year Intangible		
24	25				Personal Property Tax due June 30. 🔀 Yes 🔲 No				
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent		
OPSAHL, WILLIAM						81 Name			
600 ASTARIAS CIRCLE						82 Street Address (P.Q. Box Number is Not Acceptable)			
	MYERS FL				82 Street Address (P.O. Box Number is Not Acceptable) 129 SE 13th STREET				
• • • • • • • • • • • • • • • • • • • •		. 500 10			83				
					<u></u>				
					84	City	CAPE CORAL FL 85 Zip Code 33990		
44 Purcuant	to the provis	sions of Sections 607 (0502 and 607 1508. Florida Statu	ites the a	hove	-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			400	ve B			e required when reinstating) DATE		
40	Signature types	d or printed name of registered	AND DIRECTORS	13.	a Age	ent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	DOTO	OFFICENS	DELETE	1.1 T	ITI E	· 1	Change Addition		
TITLE	PSTD						and Gridings (L.) Houseon		
NAME		L, WILLIAM		1.2 NAME			129 SE 13th STREET		
STREET ADDRESS		TARIAS CIRCLE			1.3 STREET				
CITY-ST-ZIP	FT MYE	RS FL 33919			1.4 CITY-ST-ZIP		CAPE CORAL, FL 33990		
TITLE			☐ DELETE	2.1 T	2.1 TITLE		Change Addition		
NAME				2.2 N	AME		·		
STREET ADDRESS				2.3 S	TREET	ADDRESS	1		
CITY-ST-ZIP				2.40	2.4 CITY-ST-ZIP				
TITLE	☐ DELETE 3		3.1 T	3.1 TITLE		☐ Change ☐ Addition			
NAME	3.		3.2 N	AME	1				
STREET ADDRESS	ess !			3.3 \$	3.3 STREET ADDRESS				
CITY-ST-ZIP	1			3.4. 0	CITY-S	ST-ZIP			
TITLE			DELETE	4.1 T			Change Addition		
NAME				4.21	4. 2 NAME				
STREET ADDRESS	1					ADORESS			
						T-ZIP			
CITY-ST-ZIP TITLE	 		DELETE	5.1 T			Change Addition		
	_				5.2 NAME				
NAME						40000000			
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP	 -		Dru fee	_		T-ZIP	Change Addition		
TITLE			☐ DELETE	6.11			LJ Change LJ Addition		
NAME				- 1	IAME				
STREET ADDRESS				6.3 \$	TREET	ADDRESS			
CITY-ST-ZIP						T-ZIP			
indicatód	Lon this son	ual rapad or supplam	antal annual renort is true and ar	curata ar	nd th	at mu sia	ted 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.									

William Opsahl