

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

FILED
Apr 17 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 # P97000013511 (5)

1. Corporation Name
PACE PETROLEUM, INC.



Principal Place of Business
POST OFFICE BOX 8
DOCTORS INLET FL 32030

Mailing Address
POST OFFICE BOX 8
DOCTORS INLET FL 32030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/07/1997

4. FEI Number
59-3427551

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
21 P.O. BOX 140774
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. BOX 140774
Suite, Apt. #, etc.

22 City & State
23 GAINESVILLE
Zip Country
24 32614-0774 25 ALACHUA

27 City & State
28 GAINESVILLE
Zip Country
29 32614-0774 30 ALACHUA

9. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
225 WATER ST
STE 1800
JACKSONVILLE FL 32202
ATTN: RICHARD LEWIS

10. Name and Address of New Registered Agent

81 Name
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	P/O			<input type="checkbox"/>
	PERKINS, EYRICK	5034 PIRATES COVE ROAD	JACKSONVILLE FL 32207	
	SECRETRES			<input type="checkbox"/>
	JOYCE C. EYRICK	5034 PIRATES COVE ROAD	JACKSONVILLE FL 32207	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

[Signature]

904
221 954X

CR2E034 (10/97)