

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000017028 (6)
 1. Corporation Name
PETROLEUM PACKERS OF JACKSONVILLE, INC.



Principal Place of Business 3101 TALLEYRAND AVE JACKSONVILLE FL 32206-2639	Mailing Address 1601 MCCLOSKEY BLVD. TAMPA FL 33605-6710
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/19/1997	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	24 Zip	25 Country
21	22	26	27	24	25
4. FEI Number 59-3437077		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent WETHERINGTON, R WADE 400 N TAMPA ST 2625 PARK TOWER TAMPA FL 33602				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
				FL	

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 _____ DATE _____
Signature typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT/DIRECTOR
NAME	BARKETT, HARRY J	1.2 NAME	
STREET ADDRESS	1601 MCCLOSKEY BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33605-6710	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	VICE-PRESIDENT/SECRETARY
NAME		2.2 NAME	ANTHONY J. BARKETT
STREET ADDRESS		2.3 STREET ADDRESS	1601 MCCLOSKEY BOULEVARD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TAMPA, FLORIDA 33605-6710
TITLE		3.1 TITLE	ASSISTANT SECRETARY
NAME		3.2 NAME	KENNETH D. BARKETT
STREET ADDRESS		3.3 STREET ADDRESS	1601 MCCLOSKEY BOULEVARD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAMPA, FLORIDA 33605-6710
TITLE		4.1 TITLE	TREASURER
NAME		4.2 NAME	RICHARD A. BARKETT
STREET ADDRESS		4.3 STREET ADDRESS	1601 MCCLOSKEY BOULEVARD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMPA, FLORIDA 33605-6710
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____ DATE: **4/20/98**

CR2E034 (10/97)