

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V68077 (9)

1. Corporation Name  
SOUTHERN PORTER OIL, INC.

Principal Place of Business

2611 BURLINGTON AVE N  
ST. PETERSBURG FL 33713  
US

Mailing Address

2611 BURLINGTON AVE N  
ST. PETERSBURG FL 33713  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/29/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3150652	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

PINGOR, BRIAN R  
2881 EXECUTIVE DRIVE  
SUITE 200  
CLEARWATER FL 34622

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	400002307054--9
NAME	JEFFERY, ROBERT W	1.2 NAME	-09/29/97--01193--006
STREET ADDRESS	710 31ST ST. NORTH	1.3 STREET ADDRESS	****\$550.00 ****\$550.00
CITY-ST-ZIP	ST. PETERSBURG FL 33713	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	BARKLEY, RORY W	2.2 NAME	
STREET ADDRESS	2611 BURLINGTON AVENUE N	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	SCALISE, TARA	3.2 NAME	
STREET ADDRESS	2611 BURLINGTON AVE. W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL 33713	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 do 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: *Rory W. Barkley* 9/5/97 912-300-5116

CR2E034 (4/97)