

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 28 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 382777 (1)**

1. Corporation Name  
**NUGGET OIL, INC.**

Principal Place of Business Mailing Address  
**100 OLD MILLIGAN RD 100 OLD MILLIGAN RD  
P. O. BOX 1297 P. O. BOX 1297  
CRESTVIEW FL 32536 CRESTVIEW FL 32536**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/25/1971** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address  
**21 26**

4. FEI Number **59-1351217** Applied For   
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22 27**

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

City & State City & State  
**23 28**

6. Election Campaign Financing  **\$5.00 May Be  
Trust Fund Contribution Added to Fees**

Zip Country Zip Country  
**24 25 29 30**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WARD, ALAN  
5903 OLD BETHEL ROAD  
CRESTVIEW FL 32536**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
**5903 Old Bethel Rd**  
B3  
B4 City **Crestview FL** B5 Zip Code **32536**

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, hand or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>
NAME	<b>TEEL, BILLY D</b>
STREET ADDRESS	<b>322 POWELL DR</b>
CITY - ST - ZIP	<b>FT WALTON BCH, FL 00000</b>
TITLE	<b>S</b>
NAME	<b>ROBERTS, RANDALL P</b>
STREET ADDRESS	<b>188 GRANDVIEW AVE</b>
CITY - ST - ZIP	<b>VALPARAISO, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>GIESEN, ANDREW F</b>
STREET ADDRESS	<b>558 MOONEY RD</b>
CITY - ST - ZIP	<b>FT WALTON BCH, FL 00000</b>
TITLE	<b>P</b>
NAME	<b>WARD, ALAN B</b>
STREET ADDRESS	<b>OLD BETHEL ROAD</b>
CITY - ST - ZIP	<b>CRESTVIEW, FL 0</b>
TITLE	<b>D</b>
NAME	<b>HERMS, WARD W</b>
STREET ADDRESS	<b>OLD BETHEL RD</b>
CITY - ST - ZIP	<b>CRESTVIEW, FL 00000</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	<b>Jan Fedonczuk</b>
1 4 CITY - ST - ZIP	<b>604 Mass Dr, Crestview, FL 32536</b>
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing was truthfully furnished and does not qualify for the exemption cited in Section 110.07(3)(k), 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; that the recorder 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 from an attachment and checked here.

SIGNATURE: \_\_\_\_\_ DATE: **4-26-95** **904-682-7149**  
Signature, hand or typed or printed name of signing officer or director