

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

**FILED**

**Feb 04 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 382777 (1)**

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

Principal Place of Business <b>100 OLD MILLIGAN RD P. O. BOX 1297 CRESTVIEW FL 32536</b>	Mailing Address <b>100 OLD MILLIGAN RD P. O. BOX 1297 CRESTVIEW FL 32536-1297</b>
---	--



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

3. Date Incorporated or Qualified <b>05/25/1971</b>	3a. Date of Last Report <b>04/26/1996</b>
4. FEI Number <b>59-1351217</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WARD, ALAN**  
~~6000 STAFF RD~~ **5860 STAFF RD.**  
**CRESTVIEW FL 32536**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>JON FEDONCZOK</b>	
STREET ADDRESS	<b>604 MOSS DR.</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
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>	<input type="checkbox"/> DELETE
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>	<input type="checkbox"/> DELETE
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>	<input type="checkbox"/> DELETE
NAME	<b>HERVIS, WARD W</b>	
STREET ADDRESS	<b>OLD BETHEL RD</b>	
CITY-ST-ZIP	<b>CRESTVIEW, FL 00000</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>President</b>
4.3 STREET ADDRESS	<b>ALAN B. WARD</b>
4.4 CITY-ST-ZIP	<b>5860 STAFF RD.</b>
	<b>CRESTVIEW FL 32536</b>
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 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, changed, or on an attachment with this report.

SIGNATURE:  **ALAN B. WARD** Date: **Jan 23, 1997** Daytime Phone #: **904-682-2149**

CR2E034 (9/96)