


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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90059 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 382777
 1. Corporation Name
NUGGET OIL, INC.

Principal Place of Business 100 OLD MILLIGAN RD CRESTVIEW FL 32536	Mailing Address P.O. BOX 1297 CRESTVIEW FL 32536
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/25/1971	4. FEI Number 59-1351217	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 (May Be Added to Fees)	
23. Zip	28. Country	8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CAMPBELL, JAMES S BEGGS & LANE 3 WEST GARDEN STREET, 6TH FLOOR PENSACOLA FL 32501		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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JON FEDONCZOK	1.2 NAME	Donald R. Draughon, Jr.
STREET ADDRESS	604 MOSS DR.	1.3 STREET ADDRESS	100 Old Milligan Rd
CITY-ST-ZIP	CRESTVIEW FL	1.4 CITY-ST-ZIP	Crestview, Florida 32536
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP/S/T/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, RANDALL P	2.2 NAME	Thomas G. Turner
STREET ADDRESS	188 GRANDVIEW AVE	2.3 STREET ADDRESS	100 Old Milligan Rd
CITY-ST-ZIP	VALPARAISO, FL 00000	2.4 CITY-ST-ZIP	Crestview, Florida 32536
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP/Asst Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIESEN, ANDREW F	3.2 NAME	Eugene B. Horne
STREET ADDRESS	558 MOONEY RD	3.3 STREET ADDRESS	100 Old Milligan Rd
CITY-ST-ZIP	FT WALTON BCH, FL 00000	3.4 CITY-ST-ZIP	Crestview, Florida 32536
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, ALAN B	4.2 NAME	
STREET ADDRESS	5860 STAFF RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW, FL 0	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERVIS, WARD W	5.2 NAME	
STREET ADDRESS	OLD BETHEL RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW, FL 00000	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: _____ **April 26, 1999** (850) 682-2149
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)