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Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 847096 (5)  
1. Corporation Name  
KEEMAN PETROLEUM COMPANY, INC.



Principal Place of Business: 601 WEST HILL AVENUE, P.O. BOX 128, VALDOSTA GA 31600-7428  
Mailing Address: ~~601 WEST HILL AVENUE~~, P.O. BOX 128, VALDOSTA GA 31603-0128

3. Date Incorporated or Qualified: 09/30/1980  
3a. Date of Last Report: 03/20/1996  
4. FEI Number: 58-1134156  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 31601 Country: 24  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 P.O. Box 10 City & State: 28 Zip: 31603-0010 Country: 29

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: KEENER, JAMES C. STREET ADDRESS: 703 PINE PT CIRCLE CITY-ST-ZIP: VALDOSTA GA	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: ST	NAME: KEENER, JAMES C., JR. STREET ADDRESS: 3811 SEDGEFIELD DR. CITY-ST-ZIP: VALDOSTA GA	1.2 NAME	
TITLE: VP	NAME: KEENER, JOAN M. STREET ADDRESS: 703 PINE POINT CIRCLE CITY-ST-ZIP: VALDOSTA GA	1.3 STREET ADDRESS	
TITLE: [ ] DELETE		1.4 CITY-ST-ZIP	31602
TITLE: [ ] DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [ ] DELETE		2.2 NAME	
TITLE: [ ] DELETE		2.3 STREET ADDRESS	31605
TITLE: [ ] DELETE		2.4 CITY-ST-ZIP	
TITLE: [ ] DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [ ] DELETE		3.2 NAME	
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TITLE: [ ] DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [ ] DELETE		4.2 NAME	
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TITLE: [ ] DELETE		6.2 NAME	
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TITLE: [ ] DELETE		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: James C. Keener JAMES C. KEENER, JR. 9/14/97 912-247-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)