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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90008 013 ***150.00

	OCUMENT	#	847096	ì
1	Corporation Name		017000	,

KEEMAN PETROLEUM COMPANY, INC.

Principal Place of Business		Mailing Address			., 6,6,1, 9,91, 6,6,1, 6,	311 81811 1381	
601 WEST HILL AVENUE VALDOSTA GA 31601 US		PO BOX 10 VALDOSTA GA 31603-0010 US		DO NOT WRITE IN TH	HIS SPACE		
00		30			3. Date Incorporated or Qualifed 09/30/1980	-	
2. Principal Pt	lace of Business	2a. Mailing Address			4. FEI Number		plied For
21		26			58-1134156	 	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Rec	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible Yes	□No
24	25	29 3	0		Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Currer	it Registered Agent	81	Name	10. Name and Address of New Registers	,u Agent	
	CORPORATION SYSTEM S. PINE ISLAND ROAD		82		ess (P.O. Box Number is Not Acceptable)		
	TATION FL 33324		83				
			84	City	F	85 Zip C	ode
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the above	e-named corpo	protion cubmite this statement for the purpose	of changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti	norizea by	the comoratio	on's board of directors. I hereby accept the ap	oointment as reg	jistered
SIGNATURE		A No. 6 continents (NOTE: D	agistared Asse	nt signature required	Twhen reinstation) DATE		
12.	Signature, typed or printed name of registered age	ID DIRECTORS	13.	it aignature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	P	DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	KEENER, JAMES C.		1.2 NAME				
STREET ADDRESS	703 PINE PT CIRCLE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	VALDOSTA GA 31602		1.4 CITY-S				
TITLE	ST	☐ DELETE	2.1 TITLE			Change	Addition
NAME	KEENER, JAMES C., JR.		2.2 NAME				1
STREET ADDRESS	3811 SEDGEFIELD DR.		2.3 STREE	T ADDRESS		316	05
CITY-ST-ZIP	VALDOSTA GA 31602		2. 4 CITY-5			5.0	
TITLE	VP	☐ DELETE	3.1 TITLE	7.5		☐ Change	Addition
NAME	KEENER, JOAN M.		3.2 NAME				'
STREET ADDRESS	703 PINE POINT CIRCLE		•	TADDRESS			
CITY-ST-ZIP	VALDOSTA GA 31602		3.4. CITY-S				
TITLE	VALDOOTA GA STOUZ	☐ DELETE	4.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			1	TADDRESS			
			4.4 CITY- S				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			Change	Addition
NAME		—	5.2 NAME			-	
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5,4 CITY- S				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
	1		_				

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.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

James C. Keener, Jr.

1/4/99

912-247-8000

Daytime Phone #