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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000002601**

1. Corporation Name
ASHLAND OIL, INC.



Principal Place of Business: **1000 ASHLAND DR. RUSSELL KY 41169**
 Mailing Address: **P.O. BOX 14000 LEXINGTON KY 40512**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21 50 E. RiverCenter Blvd., Suite, Apt. #, etc. P.O. Box 391 Covington, KY**
 2a. Mailing Address: **26 Suite, Apt. #, etc. City & State Zip Country 29 41012-0391 25 US 29 30**

3. Date Incorporated or Qualified: **05/18/1994**
 4. FEI Number: **61-1260511** Applied For: Not Applicable:
 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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 660 EAST JEFFERSON STREET
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DAS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSS, LINDA L	1.2 NAME	
STREET ADDRESS	1000 ASHLAND DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	RUSSELL KY 41169	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABBARD, TERESA F	2.2 NAME	
STREET ADDRESS	1000 ASHLAND DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	RUSSELL KY 41169	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUSRATH, DAVID L	3.2 NAME	
STREET ADDRESS	1000 ASHLAND DR.	3.3 STREET ADDRESS	50 E. RiverCenter Blvd., P.O. Box 391
CITY-ST-ZIP	RUSSELL KY 41169	3.4 CITY-ST-ZIP	Covington, KY 41012-0391
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANSBY, JOHN W	4.2 NAME	Joseph R. Broce
STREET ADDRESS	1000 ASHLAND DR.	4.3 STREET ADDRESS	1000 Ashland Drive
CITY-ST-ZIP	RUSSELL KY 41169	4.4 CITY-ST-ZIP	Russell, KY 41169
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFFMAN, DANIEL B	5.2 NAME	Vice President-Finance
STREET ADDRESS	1000 ASHLAND DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	RUSSELL KY 41169	5.4 CITY-ST-ZIP	
TITLE	AT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIS, CHARLES D	6.2 NAME	Assistant Treasurer
STREET ADDRESS	3499 DABNEY DRIVE	6.3 STREET ADDRESS	Richard A. Jones
CITY-ST-ZIP	LEXINGTON KY 40509	6.4 CITY-ST-ZIP	3499 Blazer Parkway

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: *Richard A. Jones* February 9, 1999 606/357-7681
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)