

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 (51)

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90034 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F97000002597

1. Corporation Name
 FINA NATURAL GAS COMPANY



Principal Place of Business Mailing Address
 8350 NORTH CENTRAL EXPRESSWAY P.O. BOX 2159
 DALLAS TX 75206 DALLAS TX 75221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 05/15/1997

2. Principal Place of Business
 21 6000 Legacy Drive
 Suite, Apt. #, etc.

2a. Mailing Address
 26 Suite, Apt. #, etc.

4. FEI Number Applied For
 75-2334559 Not Applicable

23 City & State
 Plano, TX

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip Country
 75024

29 Zip Country
 30

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 SO PINE ISLAND RD
 PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	LINDLEY, RICHARD C	
STREET ADDRESS	5144 QUAIL LAKE DRIVE	
CITY-ST-ZIP	DALLAS TX 75287	
TITLE	VPGC	<input type="checkbox"/> DELETE
NAME	GODFREY, CULLEN	
STREET ADDRESS	5308 BLACK HAWK	
CITY-ST-ZIP	PLANO TX 75093	
TITLE	VPM	<input type="checkbox"/> DELETE
NAME	GANNAWAY, BYRON	
STREET ADDRESS	5145 WEST PLANO PARKWAY	
CITY-ST-ZIP	PLANO TX 75093	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PETTIT, GEOFFREY	
STREET ADDRESS	6605 ROLLING VISTA	
CITY-ST-ZIP	DALLAS TX 75248	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MIDDLETON, LINDA	
STREET ADDRESS	18108 ARAMIS LANE	
CITY-ST-ZIP	DALLAS TX 75252	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RHODES, RALPH	
STREET ADDRESS	4005 CARRIZO DRIVE	
CITY-ST-ZIP	PLANO TX 75074	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 *Linda Middleton* REQUIRED Linda Middleton 4/16/99 972-801-2000

CR2E034 (1/198)