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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **266676** **(6)**

1. Corporation Name
FARMERS UNION OIL AND ROYALTY COMPANY

Principal Place of Business	Mailing Address
3186 E JAMES LEE BLVD CRESTVIEW FL 32539 US	3186 E JAMES LEE BLVD CRESTVIEW FL 32539 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1963	3a. Date of Last Report: 04/27/1994
2. Principal Place of Business: 21 3186 E. James Lee Blvd.	2a. Mailing Address: 26 3186 E. James Lee Blvd.
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 Crestview, Florida	City & State: 28 Crestview, Florida
Zip: 24 32539 Country: 25 USA	Zip: 29 32539 Country: 30 USA
4. FEI Number: 59-1083119	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOWARD, MARY JANE 3186 E JAMES LEE BLVD CRESTVIEW FL 32539	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 32539

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	D	11 TITLE	☐ Change ☒ Addition
NAME	SHOFFNER, ROY, COL.	12 NAME	
STREET ADDRESS	406 DOSTER ST.	13 STREET ADDRESS	
CITY-ST-ZIP	ENTERPRISE AL	14 CITY-ST-ZIP	(ZIP)36330
TITLE	PTMD	21 TITLE	☐ Change ☒ Addition
NAME	FRENCH, NELLIE MAE	22 NAME	
STREET ADDRESS	10716 GREEN ST.	23 STREET ADDRESS	
CITY-ST-ZIP	WHITESVILLE KY	24 CITY-ST-ZIP	(ZIP) 42378
TITLE	VSD	31 TITLE	☐ Change ☒ Addition
NAME	HOWARD, MARY JANE	32 NAME	
STREET ADDRESS	3186 E JAMES LEE BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	34 CITY-ST-ZIP	(ZIP) 32539
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	MAHAFFEY, JEAN F.	42 NAME	D
STREET ADDRESS	411 CAROLINE ST.	43 STREET ADDRESS	MAHAFFEY, JEAN F.
CITY-ST-ZIP	NEW ORLEAND LA	44 CITY-ST-ZIP	1444 E. 34th. ST. PENSACOLA, FLORIDA 32503
TITLE		51 TITLE	☐ Change ☒ Addition
NAME		52 NAME	D
STREET ADDRESS		53 STREET ADDRESS	IRENE COURTWRIGHT
CITY-ST-ZIP		54 CITY-ST-ZIP	221 8th. AVENUE E. TWIN FALLS, IDAHO 83301
TITLE		61 TITLE	☐ Change ☒ Addition
NAME		62 NAME	D
STREET ADDRESS		63 STREET ADDRESS	ROSE M. CREWS
CITY-ST-ZIP		64 CITY-ST-ZIP	3186 E. JAMES LEE BLVD. CRESTVIEW, FLORIDA 32539

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Nellie M. French NELLIE M. FRENCH 4-26-95 502-233-5042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0470180 FP