FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **01/30/1963**

3a. Date of Last Report: **05/01/1995**

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

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

HOWARD, MARY JANE
3186 E JAMES LEE BLVD
CRESTVIEW FL 32539

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 607.1907, 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. I am changing my position with, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHOFFNER, ROY, COL.		1.2 NAME		
STREET ADDRESS	406 DOSTER ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ENTERPRISE AL		1.4 CITY-ST-ZIP		
TITLE	PTMD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FRENCH, NELLIE MAE		2.2 NAME		
STREET ADDRESS	10716 GREEN ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WHITESVILLE KY		2.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOWARD, MARY JANE		3.2 NAME		
STREET ADDRESS	3186 E JAMES LEE BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	MAHAFFEY, JEAN F.		4.2 NAME		
STREET ADDRESS	1444 E 34TH ST		4.3 STREET ADDRESS	3618 N. 12th. Ave.	
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP		32503
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COURTWRIGHT, IRENE		5.2 NAME		
STREET ADDRESS	221 8TH AVENUE E		5.3 STREET ADDRESS		
CITY-ST-ZIP	TWIN FALLS ID		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	CREWS, ROSE M		6.2 NAME		
STREET ADDRESS	3186 E JAMES LEE BLVD		6.3 STREET ADDRESS	5248 Morris St.	
CITY-ST-ZIP	CRESTVIEW FL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true and accurate. Each officer and director listed in Section 1.19.07(3)(k), Florida Statutes, I further certify that the information indicated on this 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 Mae Freeak 4-2-96 502-233-5042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone
Nellie Mae Freeak, Pres.