

5-14-98 B 7354 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 266676 (6)
1. Corporation Name
FARMERS UNION OIL AND ROYALTY COMPANY



Principal Place of Business 3186 E JAMES LEE BLVD CRESTVIEW FL 32539 US	Mailing Address 3186 E JAMES LEE BLVD CRESTVIEW FL 32539 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/30/1963	
4. FEI Number 59-1083119		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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	
				85 Zip Code FL	

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	D SHOFFNER, ROY, COL.	1.1 TITLE	D FRENCH, WILLIAM RAY
NAME	406 DOSTER ST.	1.2 NAME	10490 KY. 662
STREET ADDRESS	ENTERPRISE AL	1.3 STREET ADDRESS	LEWISPORT, KY. 42351
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PTMD FRENCH, NELLIE MAE	2.1 TITLE	
NAME	10716 GREEN ST.	2.2 NAME	
STREET ADDRESS	WHITESVILLE KY	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VSD HOWARD, MARY JANE	3.1 TITLE	
NAME	3186 E JAMES LEE BLVD	3.2 NAME	
STREET ADDRESS	CRESTVIEW FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D MAHAFFEY, JEAN F.	4.1 TITLE	
NAME	103 BEECH ST	4.2 NAME	
STREET ADDRESS	PENSACOLA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D COURTWRIGHT, IRENE	5.1 TITLE	
NAME	221 8TH AVENUE E	5.2 NAME	
STREET ADDRESS	TWIN FALLS ID	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D CREWS, ROSE M	6.1 TITLE	
NAME	5248 MORRIS ST	6.2 NAME	
STREET ADDRESS	CRESTVIEW FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

NELLIE M. FRENCH/4-9-98/502-233-5042

CR2E034 (10/97)