

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90095 031 ***150.00

DOCUMENT # 266676

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1963

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

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 607.1508, 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

TITLE D ☐ DELETE
NAME SHOFFNER, ROY, COL.
STREET ADDRESS 406 DOSTER ST.
CITY-ST-ZIP ENTERPRISE AL

TITLE PTMD ☐ DELETE
NAME FRENCH, NELLIE MAE
STREET ADDRESS 10716 GREEN ST.
CITY-ST-ZIP WHITESVILLE KY

TITLE VSD ☐ DELETE
NAME HOWARD, MARY JANE
STREET ADDRESS 3186 E JAMES LEE BLVD
CITY-ST-ZIP CRESTVIEW FL

TITLE D ☐ DELETE
NAME MAHAFFEY, JEAN F.
STREET ADDRESS 103 BEECH ST
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ DELETE
NAME COURTWRIGHT, IRENE
STREET ADDRESS 221 8TH AVENUE E
CITY-ST-ZIP TWIN FALLS ID

TITLE D ☐ DELETE
NAME CREWS, ROSE M
STREET ADDRESS 5248 MORRIS ST
CITY-ST-ZIP CRESTVIEW FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME FRENCH, NELLIE MAE
2.3 STREET ADDRESS 10716 GREEN ST.
2.4 CITY-ST-ZIP WHITESVILLE, KENTUCKY

3.1 TITLE PTMD ☒ Change ☐ Addition
3.2 NAME HOWARD, MARY JANE
3.3 STREET ADDRESS 3186 E JAMES LEE BLVD
3.4 CITY-ST-ZIP CRESTVIEW, FLORIDA 32539

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE SD ☒ Change ☐ Addition
5.2 NAME COURTWRIGHT, IRENE
5.3 STREET ADDRESS 221 8TH AVE E.
5.4 CITY-ST-ZIP TWIN FALLS, IDAHO 83301

6.1 TITLE ☐ Change ☐ 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:

Mary Jane Howard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99

Date

(850) 682-2095

Daytime Phone #

CR2E034 (11/98)