

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 (54)

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

04-23-1999 90034 004 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # 810775**

1. Corporation Name  
**FINA UNITED CORPORATION**



Principal Place of Business Mailing Address  
**8350 N. CENTRAL EXPRESSWAY DALLAS TX 75206**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/27/1956**

4. FEI Number Applied For  
**75-1233546** 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  
**6000 Legacy Drive P.O. Box 2159**

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State  
**Plano, TX Dallas, TX**

23 Zip 24 Country 28 Zip 29 Country  
**75024 75221**

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | VPD                     | <input type="checkbox"/> DELETE |
| NAME           | GODFREY, CULLEN MICHEAL |                                 |
| STREET ADDRESS | 5308 BLACKHAWK          |                                 |
| CITY-ST-ZIP    | PLANO TX 75093          |                                 |
| TITLE          | PD                      | <input type="checkbox"/> DELETE |
| NAME           | HADDOCK, RONALD W.      |                                 |
| STREET ADDRESS | 3012 BRYN MAWR          |                                 |
| CITY-ST-ZIP    | DALLAS TX 75225         |                                 |
| TITLE          | VTCF                    | <input type="checkbox"/> DELETE |
| NAME           | PETIT, GEOFFROY         |                                 |
| 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          | C                       | <input type="checkbox"/> DELETE |
| NAME           | RUPP, KEVIN A           |                                 |
| STREET ADDRESS | 3832 NANTUCKETT         |                                 |
| CITY-ST-ZIP    | PLANO TX 75023          |                                 |
| TITLE          | DCOB                    | <input type="checkbox"/> DELETE |
| NAME           | MEEK, PAUL D.           |                                 |
| STREET ADDRESS | 3111 WELBORN ATPE #1201 |                                 |
| CITY-ST-ZIP    | DALLAS TX 75219         |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 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)(l), 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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)