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FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90028 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 817683

1. Corporation Name

MARSHALL R. YOUNG OIL CO.

Principal Place of Business

750 WEST FIFTH STREET
FORT WORTH TEXAS 76102

Mailing Address

750 WEST FIFTH STREET
FORT WORTH TEXAS 76102

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified

02/06/1964

4. FEI Number

75-0889538

Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, WILLIAM K. .	1.2 NAME	
STREET ADDRESS	750 W. FIFTH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, MARSHALL R. JR.	2.2 NAME	
STREET ADDRESS	750 W. FIFTH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, R.B.	3.2 NAME	
STREET ADDRESS	750 W. FIFTH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, SHANNON Y	4.2 NAME	
STREET ADDRESS	750 W. FIFTH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WORTH TX	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, GEORGE M.	5.2 NAME	
STREET ADDRESS	750 W. FIFTH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGELOH, LINDA	6.2 NAME	
STREET ADDRESS	750 W. FIFTH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX	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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99

817-335-1216

Daytime Phone #