FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

1995 MAY -1 PM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **832140** **(8)**

1. Corporation Name

BEL OIL CORPORATION

Principal Place of Business	Mailing Address
414 Pujo Street Lake Charles, LA. 70601	P.O. Box 1447 Lake Charles, LA. 70602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/10/1974**
3a. Date of Last Report: **02/24/1994**

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

4. FEI Number: **72-0128453** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ 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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	S,T,D	☐ Change ☒ Addition
NAME	YOCUM, CAROLYN FAY	1.2 NAME	JAMES B. BEL	
STREET ADDRESS	2304 1ST CITY NT'L BK BLDG	1.3 STREET ADDRESS	414 PUJO STREET	
CITY ST ZIP	HOUSTON TX	1.4 CITY ST ZIP	LAKE CHARLES, LA. 70601	
TITLE	D	2.1 TITLE	D	☐ Change ☒ Addition
NAME	FAY, MARIE BEL	2.2 NAME	JOHN SPENCER FAY	
STREET ADDRESS	2304 1ST CTY NT'L BK BG	2.3 STREET ADDRESS	6575 N E WINDERMERE ROAD	
CITY ST ZIP	HOUSTON TX	2.4 CITY ST ZIP	SEATTLE, WA. 98105	
TITLE	D	3.1 TITLE	D	☐ Change ☒ Addition
NAME	MONSEN, MARION FAY	3.2 NAME	ALBERT B. FAY, JR.	
STREET ADDRESS	515 HOUSTON AVE DELETE		515 HOUSTON AVENUE	
CITY ST ZIP	HOUSTON TX	3.4 CITY ST ZIP	HOUSTON, TX. 77007	
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	THIELEN, JOHN CHADICK	4.2 NAME	PEDER MONSEN	
STREET ADDRESS	903 BAKER RD	4.3 STREET ADDRESS	515 HOUSTON AVENUE	
CITY ST ZIP	WESTLAKE LA	4.4 CITY ST ZIP	HOUSTON, TX. 77007	
TITLE	PD	5.1 TITLE		☐ Change ☐ Addition
NAME	BLAKE, W D	5.2 NAME	400001475404	
STREET ADDRESS	414 PUJO ST	5.3 STREET ADDRESS	-05/04/95--01028--019	
CITY ST ZIP	LAKE CHARLES, LA 00000	5.4 CITY ST ZIP	****200.00 ****200.00	
TITLE		6.1 TITLE	TM-0 5-1-95	☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY ST ZIP		6.4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 4/7/95 318 436 9401
SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR — Date — Daytime Phone #

0831601 CP