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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 832140 (8)

1. Corporation Name
BEL OIL CORPORATION

Principal Place of Business
414 PUJO STREET
LAKE CHARLES LA 70601

Mailing Address
P.O. BOX 1447
LAKE CHARLES LA 70602-1447



3. Date Incorporated or Qualified 04/10/1974
3a. Date of Last Report 03/19/1996

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD
NAME BEL, JAMES B
STREET ADDRESS P.O. BOX 1447
CITY-ST-ZIP LAKE CHARLES LA 70602

1.1 TITLE STD
1.2 NAME BEL, JAMES B.
1.3 STREET ADDRESS 414 PUJO ST.
1.4 CITY-ST-ZIP LAKE CHARLES, LA 70601

TITLE D
NAME FAY, JOHN SPENCER
STREET ADDRESS 6575 NE WINDERMERE ROAD
CITY-ST-ZIP SEATTLE WA 98105

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME FAY, ALBERT B JR.
STREET ADDRESS 515 HOUSTON AVE
CITY-ST-ZIP HOUSTON TX 77007

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME MONSEN, PEDER
STREET ADDRESS 515 HOUSTON AVENUE
CITY-ST-ZIP HOUSTON TX 77007

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

TITLE PD
NAME BLAKE, WILLIAM D
STREET ADDRESS P.O. BOX 1447
CITY-ST-ZIP LAKE CHARLES, LA 00000 LA 70602

5.1 TITLE PD
5.2 NAME BLAKE, WILLIAM D.
5.3 STREET ADDRESS 414 PUJO ST.
5.4 CITY-ST-ZIP LAKE CHARLES, LA 70601

TITLE VP
NAME GUILLORY, NICK
STREET ADDRESS 2016 PRIENWOOD DRIVE
CITY-ST-ZIP LAKE CHARLES LA 70605

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: (NICK GUILLORY) 3/17/97 318/4369401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)