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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:11

DOCUMENT # 850945 (7)

1. Corporation Name
HARDY OIL COMPANY

Principal Place of Business	Mailing Address
500 METCALF AVE THOMASVILLE GA 31792	500 METCALF AVE THOMASVILLE GA 31792

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/05/1981
3a. Date of Last Report: 02/02/1994

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

4. FEI Number: 58-1396756 ☐ 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

9. Name and Address of Current Registered Agent

GRUBBS PETROLEUM SALES INC.
702 E PEARL ST
MONTICELLO FL 32384

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 Jessy Hawkins 1-23-95
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	☐ Change ☐ Addition
NAME	GRUBBS, LAUREN K	1.2 NAME	
STREET ADDRESS	404 CALHOUN ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE, GA 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HARDY, FRANCES J	2.2 NAME	
STREET ADDRESS	122 PARKWAY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE, GA 00000	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	HARDY, JAMES C, JR	3.2 NAME	
STREET ADDRESS	122 PARKWAY DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE, GA 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HARDY, JOHN B	4.2 NAME	
STREET ADDRESS	122 PARKWAY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE, GA 00000	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ 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: J. W. Hardy Jr President 1-23-95 912-226-3081
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR CORPORATE OFFICER OR DIRECTOR — Date — Daytime Phone #
J. C. Hardy Jr

0400382 FP