

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90154 006 \*\*\*150.00

DOCUMENT # F93000004841

1. Corporation Name  
ENEX RESOURCES CORPORATION

Principal Place of Business  
800 ROCKMEAD DR  
THREE KINGWOOD PLACE, SUITE 200  
KINGWOOD TX 77339

Mailing Address  
800 ROCKMEAD DR  
THREE KINGWOOD PLACE, SUITE 200  
KINGWOOD TX 77339

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1993

4. FEI Number

93-0747806

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1221 Lamar Suite 1020

2a. Mailing Address

26 1221 Lamar Suite 1020

Suite, Apt. #, etc.

22 Houston, TX.

Suite, Apt. #, etc.

27 Houston, TX.

City & State

23 77010 Harris

City & State

28 77010 Harris

Zip Country

24 25

Zip Country

29 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC  
1201 HAYS STREET, STE 105  
TALLAHASSEE FL 32301

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

TITLE VTS  
NAME KLEIN, JAMES A  
STREET ADDRESS 800 RICHMEAD, STE. 200  
CITY-ST-ZIP KINGWOOD TX

☒ DELETE

TITLE D  
NAME CARL, ROBERT D III  
STREET ADDRESS 8601 DUNWOODY PLACE, SUITE 200  
CITY-ST-ZIP ATLANTA GA

☒ DELETE

TITLE D  
NAME FREEDMAN, MARTIN J  
STREET ADDRESS 1580 LINCOLN, SUITE 650  
CITY-ST-ZIP DENVER CO

☒ DELETE

TITLE D  
NAME HOOPER, WILLIAM C JR  
STREET ADDRESS 5110 SAN FELIPE #33W  
CITY-ST-ZIP HOUSTON TX

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice Pres Finance  
1.2 NAME Frank Turner  
1.3 STREET ADDRESS 1221 Lamar Ste 1020  
1.4 CITY-ST-ZIP Houston, TX. 77339

☒ Change ☐ Addition

2.1 TITLE Director  
2.2 NAME Steve Herod  
2.3 STREET ADDRESS 1221 Lamar Ste 1020  
2.4 CITY-ST-ZIP Houston, TX. 77010

☒ Change ☐ Addition

3.1 TITLE President  
3.2 NAME John Bassett  
3.3 STREET ADDRESS 1221 Lamar Ste 1020  
3.4 CITY-ST-ZIP Houston, TX. 77010

☒ Change ☐ Addition

4.1 TITLE Director  
4.2 NAME Gary Christopher  
4.3 STREET ADDRESS 1221 Lamar Ste 1020  
4.4 CITY-ST-ZIP Houston, TX. 77010

☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99

Date

713-559-6808

Daytime Phone #

CR2E034 (11/98)