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FILED

Mar 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 # F95000003103 (7)

1. Corporation Name

FFP PARTNERS MANAGEMENT COMPANY, INC.

Principal Place of Business

2801 GLENDA AVE.  
FT. WORTH TX 76117-4391

Mailing Address

2801 GLENDA AVE.  
FT. WORTH TX 76117-4326



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/27/1995

3a. Date of Last Report

02/14/1996

4. FEI Number

75-2147354

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 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 type in printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CCEO ☐ DELETE  
NAME HARVISON, JOHN H  
STREET ADDRESS 2801 GLENDA AVE.  
CITY - ST - ZIP FT. WORTH TX 76117-4391

TITLE DP ☐ DELETE  
NAME BYRNES, ROBERT J  
STREET ADDRESS 2801 GLENDA AVE.  
CITY - ST - ZIP FT. WORTH TX 76117-4391

TITLE DV ☐ DELETE  
NAME ST. CLAIR, J.D.  
STREET ADDRESS 2801 GLENDA AVE.  
CITY - ST - ZIP FT. WORTH TX 76117-4391

TITLE DV ☒ DELETE  
NAME DAVIDOVICH, AVRY  
STREET ADDRESS 2801 GLENDA AVE.  
CITY - ST - ZIP FT. WORTH TX 76117-4391

TITLE D ☐ DELETE  
NAME GARRISON, ROBERT E II  
STREET ADDRESS 5599 SAN FELIPE, STE. 301  
CITY - ST - ZIP HOUSTON TX 77056

TITLE D ☐ DELETE  
NAME HUGHES, JOHN W  
STREET ADDRESS 309 W. 7TH ST., STE. 702  
CITY - ST - ZIP FORT WORTH TX 76102

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VTS ☐ Change ☒ Addition  
1.2 NAME Hawkins, Steven B.  
1.3 STREET ADDRESS 2801 Glenda Ave  
1.4 CITY - ST - ZIP Fort Worth, TX 76117-4391

2.1 TITLE D ☐ Change ☐ Addition  
2.2 NAME McDonald, Garland  
2.3 STREET ADDRESS 10865 Ferry Lake Dr  
2.4 CITY - ST - ZIP Oil City, LA 76102

3.1 TITLE D ☐ Change ☐ Addition  
3.2 NAME Harvison, John D  
3.3 STREET ADDRESS 4105 NE 28th St  
3.4 CITY - ST - ZIP Fort Worth, TX 76117

4.1 TITLE D ☐ Change ☐ Addition  
4.2 NAME Gregory, Michael  
4.3 STREET ADDRESS 71 Seattle Slew Dr  
4.4 CITY - ST - ZIP Fairview, TX 75002

5.1 TITLE VPD ☐ Change ☒ Addition  
5.2 NAME Michael Triantafellou  
5.3 STREET ADDRESS 2801 Glenda Ave  
5.4 CITY - ST - ZIP Fort Worth, TX 76117

6.1 TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)