

DOCUMENT # F98000005497

1. Entity Name

DUNIGAN FUELS, INC.

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90360 015 ***150.00

Principal Place of Business

UNITED CENTER, 1049 NORTH 3RD ST.
SUITE 200
ABILENE TX 79604

Mailing Address

UNITED CENTER, 1049 NORTH 3RD ST.
SUITE 200
ABILENE TX 79604

00034811



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6525 N. Meridian

Suite, Apt. #, etc.

3. Mailing Address

6525 N. Meridian

Suite, Apt. #, etc.

City & State

Oklahoma City OK

Zip

73116

Country

Oklahoma

City & State

Oklahoma City OK

Zip

73116

Country

Oklahoma

4. FEI Number 75-2402058

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD LANDERS, JOHN 1101 WESTRIDGE DR. ABILENE TX	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD YOUNG, JACK 4032 PINE VALLEY FRISCO TX	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DAVIS, D.T. 4116 CONCORD CT. ABILENE TX	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO Dennis C. Lucas 1945 Lakepointe Dr. Lewisville Tx 75057	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President McLoud Christensen 1945 Lakepointe Dr. Lewisville Tx 75057	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P., Secretary Carlos M. Hernandez 1945 Lakepointe Dr. Lewisville Tx 75057	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. William C. Mee 5701 N. Shartel Oklahoma City OK 73118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Ass't. Secretary Mark O. Neumeister 6525 N. Meridian Oklahoma City OK 73116	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Ass't Secretary James J. Barwick 5701 N. Shartel Oklahoma City OK 73118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark O. Neumeister

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01

Date

405 840 200

Daytime Phone #

CR2E034 (10/00)