

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

DOCUMENT # F98000005649

1. Corporation Name

HUNT CRUDE OIL SUPPLY COMPANY

Principal Place of Business

100 TOWN CENTER BLVD  
SUITE 300  
TUSCALOOSA AL 35406

Mailing Address

100 TOWN CENTER BLVD  
SUITE 300  
TUSCALOOSA AL 35406

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90050 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1998

4. FEI Number

75-2783945

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 1445 Ross at Field

Suite, Apt. #, etc.

22 Suite 1500

City & State

23 Dallas, TX

Zip

24 75202-2785

Country

25 USA

2a. Mailing Address

26 1445 Ross at Field

Suite, Apt. #, etc.

27 Suite 1500

City & State

28 Dallas, TX

Zip

29 75202-2785

Country

30 USA

9. Name and Address of Current Registered Agent

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

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 PD ☐ DELETE

NAME WILK, J T

STREET ADDRESS 100 TOWN CENTER BLVD STE 300

CITY-ST-ZIP TUSCALOOSA AL

TITLE TD ☐ DELETE

NAME RUNGE, JOHN S

STREET ADDRESS 100 TOWN CENTER BLVD STE 300

CITY-ST-ZIP TUSCALOOSA AL

TITLE SD ☐ DELETE

NAME CARROLL, DAVID L

STREET ADDRESS 100 TOWN CENTER BLVD STE 300

CITY-ST-ZIP TUSCALOOSA AL

TITLE C ☐ DELETE

NAME OWENS, G T

STREET ADDRESS 100 TOWN CENTER BLVD STE 300

CITY-ST-ZIP TUSCALOOSA AL

TITLE D ☐ DELETE

NAME MATSON, JOHN A

STREET ADDRESS 100 TOWN CENTER BLVD STE 300

CITY-ST-ZIP TUSCALOOSA AL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1445 Ross at Field, Suite 1500

Dallas, TX 75202-2785

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1445 Ross at Field, Suite 1500

Dallas, TX 75202-2785

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

1445 Ross at Field, Suite 1500

Dallas, TX 75202-2785

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

1445 Ross at Field, Suite 1500

Dallas, TX 75202-2785

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

1445 Ross at Field, Suite 1500

Dallas, TX 75202-2785

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

*John S. Runge* TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Runge

4/16/99

Date

214-978-8000

Daytime Phone #

CR2E034 (11/98)