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 JUN 28 AM 9:14

DOCUMENT # P02130 (3)

1. Corporation Name
CRYSTAL OIL COMPANY

Principal Place of Business	Mailing Address
229 MILAM ST. P.O.BOX 21101 SHREVEPORT LA 71101	229 MILAM ST. P.O.BOX 21101 SHREVEPORT LA 71101

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/22/1984
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 72-0163810 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE	Secretary, Treasurer, V.P.	☒ Change ☐ Addition
NAME	CASKEY, L.G.	12 NAME	Jeffery A. Ballew	
STREET ADDRESS	229 MILAM ST.	13 STREET ADDRESS	229 Milam	
CITY-ST-ZIP	SHREVEPORT LA	14 CITY-ST-ZIP	Shreveport, LA 71101	
TITLE	VPT	21 TITLE	~~James R. Gordon V.P.~~	☒ Change ☐ Addition
NAME	BALLLEW, JEFFERY A.	22 NAME	~~James R. Gordon~~	
STREET ADDRESS	229 MILAM ST.	23 STREET ADDRESS	~~229 Milam~~	
CITY-ST-ZIP	SHREVEPORT LA 71101	24 CITY-ST-ZIP	~~Shreveport, LA 71101~~	
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	AVERETT, JOE N., JR.	32 NAME		
STREET ADDRESS	229 MILAM ST.	33 STREET ADDRESS		
CITY-ST-ZIP	SHREVEPORT LA 71101	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	CLINTON, SAM, J	42 NAME		
STREET ADDRESS	P.O. BOX 21101 N/A	43 STREET ADDRESS		
CITY-ST-ZIP	SHREVEPORT LA	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	HOLMES, PAUL, E	52 NAME		
STREET ADDRESS	P.O. BOX 21101 N/A	53 STREET ADDRESS		
CITY-ST-ZIP	SHREVEPORT LA	54 CITY-ST-ZIP		
TITLE	V	61 TITLE		☐ Change ☐ Addition
NAME	HAYDEN, DAVID	62 NAME		
STREET ADDRESS	P.O. BOX 21101 N/A	63 STREET ADDRESS		
CITY-ST-ZIP	SHREVEPORT LA	64 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: [signature] 6/2/95 (318) 222-2791
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
PAUL E. HOLMES VICE PRESIDENT

0400427 FN