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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 MAR 14 AM 8:02

DOCUMENT # **P05511** **(1)**

1. Corporation Name
SPOONER PETROLEUM COMPANY

Principal Place of Business	Mailing Address
210 E CAPITOL ST 956 DEPOSIT GUARANTY PLAZA JACKSON MS 39201	210 E CAPITOL ST 956 DEPOSIT GUARANTY PLAZA JACKSON MS 39201

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/01/1985
3a. Date of Last Report: 02/16/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 64-0703738	☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 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
(If changing registered agent, registered agent must sign) (NOTE: Registered Agent must be named when required)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	SPOONER, MICHAL	12 NAME	
STREET ADDRESS	1046 NEWLAND	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	SPOONER, HARRY	22 NAME	
STREET ADDRESS	211 EAST LAKE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	BRANDON MS	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HUGHES, DUDLEY J	32 NAME	
STREET ADDRESS	4050 CRANE BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	RAWLS, JAMES H	42 NAME	
STREET ADDRESS	47 AVERY CIR	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 attached sheet, with my title.

SIGNATURE: _____ 3-10-95 (601) 969-1831
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHAL SPOONER

047A01B FP