FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Sccretary of State DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT #

P13831

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١	PETRO	SOURCE	CORPORATION	OE:	HATH
ı		COLDITION OF	1 / M / M C / M M L M M M M M M M M M M M M M M M M	L H	IIIAN

Principal Place	of Business	Maling Address				ine apart Statt 1884					
9801 WESTI HOUSTON	HEIMER. SUITE 900 IX 77042	9801 WESTHEIMER. S HOUSTON TX 77042	9801 WESTHEIMER, SUITE 900								
					3. Date Incorporated or Qualified 03/30/1987	3a. Date of Last F 05/01/19	•				
2. Principal Pla	ice of Business	2a. Mailing Address	a. Mailing Address		4. FEI Number	-h	Applied For				
21		26	- L		87-0399943	Not Applicable					
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	\$8.75 Additional Fee Required				
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees				
Zip 24	Country 25	Ζφ [29]			8. This corporation has liability for in	for intangible tax under s. 199.032,					
<u></u>	9. Name and Address of Current		30		Florida Statutes Yes XNo 10. Name and Address of New Registered Agent						
		<u></u>	81	Name							
CT CO	RPORATION SYSTEM				72.5	· · · · · · · · · · · · · · · · · · ·					
	PINE ISLAND ROAD		82	Street	dress (P.O. Box Number is Not Acceptable)						
PLANTA	ATION FL 33324		83								
			84	City		F-1	p 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 p⇔ited har is of registered agent ar	id bitian' applicable (NO)	Fegistered Agen	t somatime ro	equired when reinstating)	OAJe					
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		DRS IN 12				
TITLE	VD	DELFTE	1 1 THILE		President & Director	X) Change	Addition				
NAME	MCCOLLUM, A. HOWARD		1.2 NAME								
STREET ADDRESS	9801 WESTHEIMER #900		13 STREET	ADDRESS							
CITY-ST-Z-P	HOUSTON TX		1.4 C/TY - S								
THILE	VS	☐ DELFIE	2 1 TITLE		Director	Change	Addition Addition				
NAME	CODY, HARVEY H. 9801 WESTHEIMER #900		2.2 NAME								
STREET ADDRESS	HOUSTON TX		2.3 STREET ADDRESS								
CITY-ST-ZIP TITLE	PD	▼] DELETE	2.4 CITY - S 3.1 TITLE			Chases	NO ARREST				
NAME	NEWMAN, FRANK H.	Ajbette	3.1 IIILE 3.2 NAME		Vice President & Direct	tor Change	Addition Addition				
STREET ADORESS	9801 WESTHEIMER #900		Bt		urke, James J.						
CITY - S1 - ZIP	HOUSTON TX		3.4 CITY - S		8790 W. Colfax, #230 Golden. CO 80215						
TITLE	D	X) DELETE	4. 1 TOLE		Vice President & Direct	tor [] Change	K1 Addition				
NAME	CHICOINE, STEPHEN D.		4.2 NAME		Townsend, William L.	3,					
STREET ADORESS	5555 SAN FELIPE, SUITE 600	1	4.3 STREET		136 E. South Temple, #8	300					
CITY-ST-ZIP	HOUSTON TX		4.4 CITY - S	1-ZIP	Salt Lake City, UT 841	111					
TITLE	D	🛣) DELETE	5 1 TITLE			☐ Change	☐ Addition				
NAME	HIGGINS, JON S		5.2 NAME								
STREET ADDRESS	50 FREMONT #3700		5 3 STREET								
CITY-ST-ZIP TITLE	SAN FRAN CA AS	☐ DELETE	5 4 CITY-S	- ZIP		ΓΊ Δι	[] ###Disa				
NAME	WEST, MARCIA D.	_ ј ми	6 1 TIFLE 62 NAME			☐ Change	Addition				
STREET ADDRESS	9801 WESTHEIMER #900		6 3 STREET	ADDRESS							
CITY - ST - ZIP	HOUSTON TX		6.4 City - S	I-ZIP							
14. Ldo hereby	certify that the information supplied wit	th this filing is voluntarily furnis	sech bee hade	not and	lify for the exemption stated in Section 119.0	7(3)(k), Florida Statut	es. 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: Marcia D. West, Asst. Secretary 04/10/96 713/072-2054 SIGNATURE and Typed or Printed NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date											