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

APPROVED AND FILED

95 APR 19 AM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P14381 (8)

1. Corporation Name
MOYLE PETROLEUM COMPANY

Principal Place of Business
2504 W MAIN
P.O. BOX 2860
RAPID CITY SD 57709

Mailing Address
2504 W MAIN
P.O. BOX 2860
RAPID CITY SD 57709

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1987
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 46-0253801 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

OLSON, PAUL E.
2033 MAIN ST, SUITE 300
C/O BURGESS, HARRELL, MANCUSIO & OLSON PA
SARASOTA FL 34423

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: 34237

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	MOYLE, GILBERT D.	1.2 NAME	
STREET ADDRESS	SUBURBAN RT., BOX 250	1.3 STREET ADDRESS	2504 W MAIN, P.O. BOX 2860
CITY-ST-ZIP	RAPID CITY SD	1.4 CITY-ST-ZIP	RAPID CITY, SD 57709
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MOYLE, GILBERT D., III	2.2 NAME	
STREET ADDRESS	2504 W MAIN POB 2860	2.3 STREET ADDRESS	
CITY-ST-ZIP	RAPID CITY SD	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	MOYLE, CLARK D.	3.2 NAME	
STREET ADDRESS	2504 W MAIN POB 2860	3.3 STREET ADDRESS	
CITY-ST-ZIP	RAPID CITY SD	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	MENTELE, E. STEVE	4.2 NAME	
STREET ADDRESS	P.O. BOX 2860, NA	4.3 STREET ADDRESS	
CITY-ST-ZIP	RAPID CITY SD	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), Florida Statutes. 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 alteration.

SIGNATURE: _____ GILBERT D. MOYLE, III — 605-343-1966
SIGNATURE AND TYPED OR PRINTED NAME OF MGMNG OFFICER OR DIRECTOR — Date — Daytime Phone #

0400633 FN