

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

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90048 035 \*\*\*150.00

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DOCUMENT # P14381

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

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

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

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 MOYLE, GILBERT D.  
STREET ADDRESS 2504 W MAIN, P.O. BOX 2860  
CITY-ST-ZIP RAPID CITY SD

TITLE VD ☐ DELETE  
NAME MOYLE, GILBERT D., III  
STREET ADDRESS 2504 W MAIN POB 2860  
CITY-ST-ZIP RAPID CITY SD

TITLE SD ☐ DELETE  
NAME MOYLE, CLARK D.  
STREET ADDRESS 2504 W MAIN POB 2860  
CITY-ST-ZIP RAPID CITY SD

TITLE T ☐ DELETE  
NAME MENTELE, E. STEVE  
STREET ADDRESS P.O. BOX 2860, NA  
CITY-ST-ZIP RAPID CITY SD

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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:

E. Steve Mentele  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Mentele 4/6/99

(605) 343-1966

Date

Daytime Phone #

CR2E034 (11/98)