

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 (51)

FILED
Apr 23, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F97000002597

1. Corporation Name
 FINA NATURAL GAS COMPANY



Principal Place of Business Mailing Address
 8350 NORTH CENTRAL EXPRESSWAY P.O. BOX 2159
 DALLAS TX 75206 DALLAS TX 75221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 05/15/1997

2. Principal Place of Business 21 6000 Legacy Drive Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number 75-2334559	Applied For Not Applicable
22 City & State 23 Plano, TX	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 75024	25 Country	28 City & State	29 Zip
30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SO PINE ISLAND RD PLANTATION FL 33324	81 Name	10. Name and Address of New Registered Agent	
	82 Street Address (P.O. Box Number is Not Acceptable)		
	83		
	84 City	85 Zip Code	FL

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDLEY, RICHARD C	1.2 NAME	
STREET ADDRESS	5144 QUAIL LAKE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75287	1.4 CITY-ST-ZIP	
TITLE	VPGC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODFREY, CULLEN	2.2 NAME	
STREET ADDRESS	5308 BLACK HAWK	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX 75093	2.4 CITY-ST-ZIP	
TITLE	VPM <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANNAWAY, BYRON	3.2 NAME	
STREET ADDRESS	5145 WEST PLANO PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX 75093	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTIT, GEOFFREY	4.2 NAME	
STREET ADDRESS	6605 ROLLING VISTA	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75248	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLETON, LINDA	5.2 NAME	
STREET ADDRESS	18108 ARAMIS LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75252	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHODES, RALPH	6.2 NAME	
STREET ADDRESS	4005 CARRIZO DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX 75074	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 *Linda Middleton* DATE 4/16/99 DAYTIME PHONE # 972-801-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)