05-102
(Rev.2-24/35)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions.

■ **Tcode** 13196 Franchise

■ Taxpayer number: 32076883399

■ Report year: 2026

Due date: 5/15/2026

You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you.

Taxpayer name: OIL INC

■ ◯ Blacken circle if the mailing address has changed.

Mailing address: 3001 DAMON DRIVE

Secretary of State (SOS) file number or Comptroller file number: 0803851515

City: AMARILLO | State: TX | ZIP code plus 4: 79124

● Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

Principal place of business

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Mail signed report to:
Texas Comptroller of Public Accounts
P.O. Box 149348
Austin, Tx 78714-9348

Please sign below! **This report must be signed to satisfy franchise tax requirements.**

For locations and phone numbers visit www.comptroller.texas.gov/about/contact.

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director	Term expiration (m m d d y y)
BOB L. ROYAL	CEO	● YES	
Mailing address: 3001 DAMON DRIVE	City: AMARILLO	State: TX	ZIP Code: 79124
Name	Title	◯ YES	
Mailing address	City	State	ZIP Code
Name	Title	◯ YES	
Mailing address	City	State	ZIP Code

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation , LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

Registered agent and registered office currently on file *(see instructions if you need to make changes)*

Agent: BOB L. ROYAL

You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.

Office: 3001 DAMON DRIVE | City: AMARILLO | State: TX | ZIP Code: 79124

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here: Bob L. Royal | Title: CEO | Date: JUNE 2, 2026 | Area code and phone number: (214)546-4520

Texas Comptroller Official Use Only

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PM Date			