

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **820331** (7)
1. Corporation Name
CONTINENTAL OIL COMPANY



Principal Place of Business Mailing Address
**PO BOX 1267
201 NO TOWER
PONCA CITY OK 74602-1267
US** **600 N DAIRY ASHFORD
ML 3146
HOUSTON TX 77079
US**

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

3. Date Incorporated or Qualified **04/04/1967** 3a. Date of Last Report **05/01/1995**
4. FEI Number **73-0788910** 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
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ DATE _____
Signature typed or printed name of officer or director applying for change of registered agent or registered office. (If the registered agent is a corporation, the name of the corporation and the name of the officer or director of the corporation who is acting as the registered agent must also be typed or printed.)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	DUNHAM, A W	
STREET ADDRESS	600 NO DAIRY ASHFORD	
CITY-ST-ZIP	HOUSTON TX	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NICANDROS, C. S.	
STREET ADDRESS	600 N DAIRY ASHFORD	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	ESPINOSA, M. W.	
STREET ADDRESS	600 N DAIRY ASHFORD	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	EDWARDS, G. W	
STREET ADDRESS	600 N. DAIRY ASHFORD	
CITY-ST-ZIP	HOUSTON TX	
TITLE	ASAT	<input type="checkbox"/> DELETE
NAME	HILL, O. D	
STREET ADDRESS	600 N. DAIRY ASHFORD	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MCKEE, R. E III	
STREET ADDRESS	600 N DAIRY ASHFORD	
CITY-ST-ZIP	HOUSTON TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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JR

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. 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: *O. D. Hill* Asst. Secretary & O. D. Hill Asst. Treasurer 4-24-96 713/293-5933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)