

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90088 031 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 826678**  
 1. Corporation Name  
**MANHATTAN CONSTRUCTION COMPANY**



Principal Place of Business 111 WEST FIFTH ST STE 1000 TULSA OK 74119	Mailing Address 111 WEST FIFTH ST STE 1000 TULSA OK 74119
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5601 S. 122nd East Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 5601 S. 122nd East Ave. Suite, Apt. #, etc.
22 City & State 23 Tulsa, OK	27 City & State 28 Tulsa, OK
24 Zip 74146 Country US	29 Zip 74146 Country US

3. Date Incorporated or Qualified 08/27/1971	4. FEI Number 73-0338330	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	ROONEY, L.F. III	
STREET ADDRESS	111 W. FIFTH ST., SUITE 1000	
CITY-ST-ZIP	TULSA OK	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LAWSON, JIM W.	
STREET ADDRESS	P.O. BOX 949 N/A	
CITY-ST-ZIP	MUSKOGEE OK	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FERGUSON, CURTIS	
STREET ADDRESS	2120 MONTROSE BLVD	
CITY-ST-ZIP	HOUSTON, TX 0	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROONEY, TIM P	
STREET ADDRESS	3890 W. NORTHWEST HWY SUITE 100	
CITY-ST-ZIP	DALLAS TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5601 S. 122nd East Ave.
1.4 CITY-ST-ZIP	Tulsa, OK 74146
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5601 S. 122nd East Ave.
2.4 CITY-ST-ZIP	Tulsa, OK 74146
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 appointment with an address, with all other like empowered.

SIGNATURE: Jim Lawson 4-21-99 918-878-3341  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)