

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90100 024 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P16327

1. Corporation Name
ENERCON SERVICES, INC.

Principal Place of Business
 10820 E 45TH ST STE 100
 TULSA OK 74146

Mailing Address
 10820 E 45TH ST STE 100
 TULSA OK 74146



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/09/1987	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 73-1176079	
22		27		Applied For Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country			

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MARTIN, JERRY K.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6107 S. 219TH AVE.	1.2 NAME	
STREET ADDRESS	BROKEN ARROW OK	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D MARTIN, ROSLIE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6107 S. 219TH AVE.	2.2 NAME	
STREET ADDRESS	BROKEN ARROW OK	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VSTD ANESHANSLEY, MICHAEL I.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10425 S JOPLIN	3.2 NAME	
STREET ADDRESS	TULSA OK	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D ANESHANSLEY, VICKI S.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10425 S JOPLIN	4.2 NAME	
STREET ADDRESS	TULSA OK	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: X *Michael I. Aneshansley* SIGNATURE REQUIRED X *4-29-99* (918) 665-7693

CR2E037 (11/98)