FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 192887 (8)

1. Corporation Name
3200 GALT OCEAN DRIVE CORP.

Principal Place of Business
9 WEST 9TH STREET
P. O. BOX 1379
TULSA OK 74101-379
US

Mailing Address
9 WEST 9TH STREET
P. O. BOX 1379
TULSA OK 74101-379
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1956
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-6057120 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
24 Zip 74101-1379 25 Country

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 Zip 74101-1379 30 Country

9. Name and Address of Current Registered Agent

MOORE, TUCKER
17600 GULF BLVD.
NORTH REDINGTON BCH. FL 33708

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 ______

12. OFFICERS AND DIRECTORS

TITLE	~~V~~
NAME	MOORE, C. T.
STREET ADDRESS	16700 GULF BLVD
CITY ST ZIP	N. REDINGTON BCH FL
TITLE	~~STD~~
NAME	CARTWRIGHT, MARY K.
STREET ADDRESS	5309 E. PALOMINO RD
CITY ST ZIP	PHOENIX AZ
TITLE	~~STD~~
NAME	MOORE, MELISSA A.
STREET ADDRESS	16700 GULF BLVD
CITY ST ZIP	N. REDINGTON BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PST	☐ Change ☒ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP	33708	
21 TITLE	V/D	☐ Change ☒ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP	85018	
31 TITLE	V/D	☐ Change ☒ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP	33708	
41 TITLE	V	☐ Change ☒ Addition
42 NAME	B. A. A. MOHR	
43 STREET ADDRESS	P.O. BOX 1724	
44 CITY ST ZIP	ST. PETERSBURG, FL 33731	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

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)(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.

SIGNATURE: C. T. Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95
Date

0002401 CP