

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

FILED
Jun 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **192887** (8)
1. Corporation Name
3200 GALT OCEAN DRIVE CORP.



Principal Place of Business

**9 WEST 8TH STREET
P. O. BOX 1379
TULSA OK 74101-1379
US**

Mailing Address

**9 WEST 8TH STREET
P. O. BOX 1379
TULSA OK 74101-1379
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

05/03/1956

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**MOORE, TUCKER
173 BATH CLUB BLVD N
NORTH REDINGTON BCH. FL 33738**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
16400 Gulf Blvd, Suite 507

83

84 City
Redington Beach

FL

85 Zip Code
33708

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

Signature typed or printed in the office of registered agent and filed with report

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	MOORE, C. T.	
STREET ADDRESS	173 BATH CLUB BLVD N	
CITY-ST-ZIP	N. REDINGTON BCH FL	
TITLE	VD	☐ DELETE
NAME	CARTWRIGHT, MARY K.	
STREET ADDRESS	5309 E. PALOMINO RD	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	VD	☐ DELETE
NAME	MOORE, MELISSA A.	
STREET ADDRESS	173 BATH CLUB BLVD NO	
CITY-ST-ZIP	N. REDINGTON BCH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	16400 Gulf Blvd, Suite 507
14 CITY-ST-ZIP	Redington Beach FL 33708
21 TITLE	☐ Change ☒ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	ZIP - 85018
31 TITLE	☒ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	16400 Gulf Blvd, Suite 507
34 CITY-ST-ZIP	Redington Beach FL 33708
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
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 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 clerk empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on a statement of address.

SIGNATURE **DP. [Signature]** Date **6/22/98**

CR2E034 (10/97)