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 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **231384** **(9)**

1. Corporation Name
FISHHAWK RANCH, INC.

Principal Place of Business	Mailing Address
ONE WILLIAMS CENTER P.O. BOX 2400 TULSA OK 74102	ONE WILLIAMS CENTER P.O. BOX 2400 TULSA OK 74102

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/23/1959**
3a. Date of Last Report: **04/27/1994**

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

4. FEI Number: **59-6060550** ☐ 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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	V,P,T,AS	☒ Change ☐ Addition
NAME	WILLIAMS, J. H.	1.2 NAME	Bailey, Keith E.	
STREET ADDRESS	1 WILLIAMS CENTER	1.3 STREET ADDRESS	1 Williams Center	
CITY-ST-ZIP	TULSA, OK 0	1.4 CITY-ST-ZIP	Tulsa, OK 74172	
TITLE	PD	2.1 TITLE		☒ Change ☐ Addition
NAME	BUMGARNER, J. C., JR.	2.2 NAME		
STREET ADDRESS	1 WILLIAMS CENTER	2.3 STREET ADDRESS		
CITY-ST-ZIP	TULSA, OK 0	2.4 CITY-ST-ZIP	74172	
TITLE	VD	3.1 TITLE	V, AS, AT	☒ Change ☐ Addition
NAME	HIRSCH, H.C.	3.2 NAME	Lewis, J. Furman	
STREET ADDRESS	1 WILLIAMS CENTER	3.3 STREET ADDRESS	1 Williams Center	
CITY-ST-ZIP	TULSA, OK 0	3.4 CITY-ST-ZIP	Tulsa, OK 74172	
TITLE	AS	4.1 TITLE		☒ Change ☐ Addition
NAME	POTTS, B. E.	4.2 NAME		
STREET ADDRESS	1 WILLIAMS CENTER	4.3 STREET ADDRESS		
CITY-ST-ZIP	TULSA, OK 00000	4.4 CITY-ST-ZIP	74172	
TITLE	S	5.1 TITLE		☒ Change ☐ Addition
NAME	HIGBEE, D.M.	5.2 NAME		
STREET ADDRESS	1 WILLIAMS CENTER	5.3 STREET ADDRESS		
CITY-ST-ZIP	TULSA, OK 0	5.4 CITY-ST-ZIP	74172	
TITLE	AT	6.1 TITLE		☒ Change ☐ Addition
NAME	BEST, G. L.	6.2 NAME	Position Eliminated	
STREET ADDRESS	1 WILLIAMS CENTER	6.3 STREET ADDRESS		
CITY-ST-ZIP	TULSA, OK 0	6.4 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, added or deleted on an attachment with an address.

SIGNATURE: DAVID M. HIGBEE 4/12/95 (918) 588-2246 (TAX)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0302409 CP