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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **441356** (3)
1. Corporation Name
FLORIDA PANEL COMPANY

Principal Place of Business
**1801 NW EXPRESSWAY
SUITE 1700
OKLAHOMA CITY OK 73118-1495
US**

Mailing Address
**P. O. BOX 28724
ATTN: TAX DEPT.
OKLAHOMA CITY OK 73128-0724
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/06/1973	3a. Date of Last Report 04/29/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1496744	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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
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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVENING, R R	1.2 NAME	
STREET ADDRESS	1801 NW EXPRESSWAY STE 1700	1.3 STREET ADDRESS	
CITY - ST - ZIP	OKLAHOMA CITY OK	1.4 CITY - ST - ZIP	
TITLE	VTS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYNUM, BRYANT P	2.2 NAME	
STREET ADDRESS	1801 NW EXPRESSWAY STE 1700	2.3 STREET ADDRESS	
CITY - ST - ZIP	OKLAHOMA CITY OK	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEBEN, HORST O	3.2 NAME	
STREET ADDRESS	1801 NW EXPRESSWAY STE 1700	3.3 STREET ADDRESS	
CITY - ST - ZIP	OKLAHOMA CITY OK	3.4 CITY - ST - ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, WILLIAM L	4.2 NAME	
STREET ADDRESS	1801 NW EXPRESSWAY STE 1700	4.3 STREET ADDRESS	
CITY - ST - ZIP	OKLAHOMA CITY OK	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 do 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 attachment with an address.

SIGNATURE: *William L. Brady* SIGNATURE REQUIRED: *William L. Brady* Date: _____ Daytime Phone: *405-879-4100*

CR2E034 (9/96)