

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

FILED

May 15 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 # 822710 (0)
1. Corporation Name
SUMMIT MACHINE TOOL MANUFACTURING CORP.



Principal Place of Business

518 NORTH INDIANA
P.O. BOX 754
OKLAHOMA CITY OK 73101-0754
US

Mailing Address

518 NORTH INDIANA
P.O. BOX 754
OKLAHOMA CITY OK 73101-0754
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

04/29/1969

3a. Date of Last Report

07/09/1996

4. FEI Number

73-0689388

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
CD
GOLSEN, JACK E.
STREET ADDRESS
16 S. PENNSYLVANIA
CITY-ST-ZIP
OKLAHOMA CITY OK

TITLE ☐ DELETE

NAME
PD
GOLSEN, STEVE
STREET ADDRESS
16 S. PENNSYLVANIA
CITY-ST-ZIP
OKLAHOMA CITY OK

TITLE ☐ DELETE

NAME
VTS
GOSS, DAVID R.
STREET ADDRESS
16 S. PENNSYLVANIA
CITY-ST-ZIP
OKLAHOMA CITY OK

TITLE ☐ DELETE

NAME
V
REDMAN, DALE
STREET ADDRESS
16 S. PENNSYLVANIA
CITY-ST-ZIP
OKLAHOMA CITY OK

TITLE ☐ DELETE

NAME
VP
SHELBY, TONY M
STREET ADDRESS
16 S. PENNSYLVANIA
CITY-ST-ZIP
OKLAHOMA CITY OK

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

V
BRUCE HOWARD
16 S. PENNSYLVANIA
OKLAHOMA CITY, OK 73107

2.1 TITLE

V
KEITH KLOS
16 S. PENNSYLVANIA
OKLAHOMA CITY OK 73107

3.1 TITLE

V
BRUCE SMITH
16 S. PENNSYLVANIA
OKLAHOMA CITY OK 73107

4.1 TITLE

V/Asst. S
DAVID M. SHEAR
16 S. PENNSYLVANIA
OKLAHOMA CITY OK 73107

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☒ Addition

☐ Change

☒ Addition

☐ Change

☒ Addition

☐ Change

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☐ Addition

☐ Change

☐ Addition

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:

Steven Golsen

4-9-97

CR2E034 (9/96)