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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 6:53

DOCUMENT # **829474** **(6)**

1. Corporation Name
HTB, INC.

Principal Place of Business	Mailing Address
900 NO STILES AVE OKLAHOMA CITY OK 73104 US	PO BOX 1845 OKLAHOMA CITY OK 73101 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1973
3a. Date of Last Report: 07/06/1994

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: 73-0679619 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BORSARI, GEORGE, V.P.
36 N. ST. ANDREWS DRIVE
ORMOND BEACH FL 32074

10. Name and Address of New Registered Agent

81 Name: George Borsari
82 Street Address (P.O. Box Number is Not Acceptable): 36 N. St. Andrews Drive
83: Ormond Beach, Florida 32074
84 City: FL 85 Zip Code: 32074

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	T	11 TITLE	P ☒ Change ☐ Addition
NAME	CLARK, SUSAN F.	12 NAME	John A. Selby
STREET ADDRESS	900 N STILES AVE	13 STREET ADDRESS	900 North Stiles
CITY-ST-ZIP	OKLAHOMA CITY, OK 00000	14 CITY-ST-ZIP	Oklahoma City, Oklahoma 73101
TITLE	VS	21 TITLE	V P ☒ Change ☐ Addition
NAME	CHITWOOD, FRANK	22 NAME	Frank W. Chitwood
STREET ADDRESS	717 S HOUTSON #200	23 STREET ADDRESS	717 South Houston
CITY-ST-ZIP	TULSA, OK 00000	24 CITY-ST-ZIP	Tulsa, Oklahoma 74101
TITLE	~~PD~~	31 TITLE	D ☒ Change ☐ Addition
NAME	~~BALL, REX~~	32 NAME	Clifford W. Brown
STREET ADDRESS	~~900 N STILES AVE~~	33 STREET ADDRESS	308 NW 42nd
CITY-ST-ZIP	~~OKLAHOMA CITY, OK 00000~~	34 CITY-ST-ZIP	Oklahoma City, Oklahoma 73118
TITLE	S	41 TITLE	D, V ☒ Change ☐ Addition
NAME	DUNCAN, LINDA C.	42 NAME	M. Leon Harris
STREET ADDRESS	900 N STILES AVE	43 STREET ADDRESS	900 North Stiles
CITY-ST-ZIP	OKLAHOMA CITY, OK 00000	44 CITY-ST-ZIP	Oklahoma City, Oklahoma 73101
TITLE	~~VPT~~	51 TITLE	D ☒ Change ☐ Addition
NAME	~~BALL, LEONARD~~	52 NAME	David L. Huey
STREET ADDRESS	~~900 NORTH STILES AVE~~	53 STREET ADDRESS	10641 S. Sandusky Avenue
CITY-ST-ZIP	~~OKLAHOMA CITY OK~~	54 CITY-ST-ZIP	Tulsa, Oklahoma 74137
TITLE	~~AS~~	61 TITLE	D ☒ Change ☐ Addition
NAME	~~BENNETT, ANNESE~~	62 NAME	Domby L. Zinn
STREET ADDRESS	~~717 S HOUSTON AVE~~	63 STREET ADDRESS	3212 Elmwood
CITY-ST-ZIP	~~TULSA OK~~	64 CITY-ST-ZIP	Oklahoma City, Oklahoma 73116

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: Susan F. Clark Susan F. Clark, VP/Treasurer 3-23-95 (405) 239-4754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0460400 FP