

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

FILED

May 08 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 # 829997 (6)

1. Corporation Name  
SAMEDAN OIL CORPORATION

Principal Place of Business

BOX 909  
110 W. BROADWAY  
ARDMORE OK 73401

Mailing Address

BOX 909  
110 W. BROADWAY  
ARDMORE OK 73401-6227



3. Date Incorporated or Qualified

04/30/1973

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

73-0434800

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME KELLEY, ROBERT  
STREET ADDRESS 110 W BROADWAY  
CITY-ST-ZIP ARDMORE, OK 00000

DELETE

TITLE VSD  
NAME WALRAVEN, ORVILLE  
STREET ADDRESS 110 W. BROADWAY  
CITY-ST-ZIP ARDMORE OK

DELETE

TITLE V  
NAME SEELIGER, HARLEN  
STREET ADDRESS 110 W. BROADWAY  
CITY-ST-ZIP ARDMORE, OK 00000

DELETE

TITLE VTD  
NAME DICKSON, WM. D.  
STREET ADDRESS 110 W BROADWAY  
CITY-ST-ZIP ARDMORE, OK 00000

DELETE

TITLE V  
NAME WOODSON, JAMES C  
STREET ADDRESS 110 W BROADWAY  
CITY-ST-ZIP ARDMORE OK

DELETE

TITLE V  
NAME POILLION, W. A.  
STREET ADDRESS 110 W. BROADWAY  
CITY-ST-ZIP ARDMORE, OK 00000

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ARDMORE, OK 73401

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ARDMORE, OK 73401

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ARDMORE, OK 73401

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ARDMORE, OK 73401

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ARDMORE, OK 73401

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ARDMORE, OK 73401

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

WM. D. DICKSON, V.P. & TREAS.

4-30-97

405-223-4110

CR2E034 (9/96)