

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 04/30/1973	
4. FEI Number 73-0434800		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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
85 Zip Code	FL

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

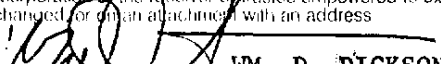
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, ROBERT	1.2 NAME	
STREET ADDRESS	110 W BROADWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARDMORE, OK 00000	1.4 CITY-ST-ZIP	ARDMORE, OK 73401
TITLE	VSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALRAVEN, ORVILLE	2.2 NAME	
STREET ADDRESS	110 W. BROADWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARDMORE OK	2.4 CITY-ST-ZIP	ARDMORE, OK 73401
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEELIGER, HARLEN	3.2 NAME	
STREET ADDRESS	110 W. BROADWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARDMORE, OK 00000	3.4 CITY-ST-ZIP	ARDMORE, OK 73401
TITLE	VTD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKSON, WM. D.	4.2 NAME	
STREET ADDRESS	110 W BROADWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARDMORE, OK 00000	4.4 CITY-ST-ZIP	ARDMORE, OK 73401
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODSON, JAMES C	5.2 NAME	
STREET ADDRESS	110 W BROADWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	ARDMORE OK	5.4 CITY-ST-ZIP	ARDMORE, OK 73401
TITLE	V	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POILLION, W. A.	6.2 NAME	
STREET ADDRESS	110 W. BROADWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	ARDMORE, OK 00000	6.4 CITY-ST-ZIP	ARDMORE, OK 73401

14. I 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, SR., V.P. & TREAS.

4-30-98

588-882-1110

CR2E034 (10/97)