


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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90120 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 829997 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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME KELLEY, ROBERT STREET ADDRESS 110 W BROADWAY CITY-ST-ZIP ARDMORE, OK 00000 73401	<input type="checkbox"/> DELETE	1.1 TITLE SR. VICE PRESIDENT 1.2 NAME DAN O. DINGES 1.3 STREET ADDRESS 350 GELNBOROUGH DR., STE. 240 1.4 CITY-ST-ZIP HOUSTON, TX 77067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VSD NAME WALRAVEN, ORVILLE STREET ADDRESS 110 W. BROADWAY CITY-ST-ZIP ARDMORE OK 73401	<input type="checkbox"/> DELETE	2.1 TITLE SR. VICE PRESIDENT 2.2 NAME GEORGE L. DEMARE 2.3 STREET ADDRESS 1050 SEVENTEENTH STREET, STE. 1100 2.4 CITY-ST-ZIP DENVER, CO. 80265	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME SEELIGER, HARLEN STREET ADDRESS 110 W. BROADWAY CITY-ST-ZIP ARDMORE, OK 00000 73401	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VICE PRESIDENT 3.2 NAME JAMES MCELVANY 3.3 STREET ADDRESS 110 W BROADWAY 3.4 CITY-ST-ZIP ARDMORE, OK 73401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VTD NAME DICKSON, WM. D. STREET ADDRESS 110 W BROADWAY CITY-ST-ZIP ARDMORE, OK 00000 73401	<input type="checkbox"/> DELETE	4.1 TITLE VICE PRESIDENT 4.2 NAME ALAN BULLINGTON 4.3 STREET ADDRESS 12600 NORTHBOROUGH, SUITE 200 4.4 CITY-ST-ZIP HOUSTON, TX 77067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME WOODSON, JAMES C STREET ADDRESS 110 W BROADWAY CITY-ST-ZIP ARDMORE OK 73401	<input type="checkbox"/> DELETE	5.1 TITLE VICE PRESIDENT 5.2 NAME KENNETH WILEY 5.3 STREET ADDRESS 110 W BROADWAY 5.4 CITY-ST-ZIP ARDMORE, OK 73401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME POILLION, W. A. STREET ADDRESS 110 W. BROADWAY CITY-ST-ZIP ARDMORE, OK 00000 73401	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/30/1973	
4. FEI Number 73-0434800	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. D. DICKSON, SR. V.P. & TREAS. 4-5-99

580 223-4110
Daytime Phone #

0556303