

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **856426** (2)  
 1. Corporation Name  
**SNAPPY CAR RENTAL, INC.**



Principal Place of Business  
**5310 E. 31 ST  
 700  
 TULSA OK 74135-5020  
 US**

Mailing Address  
**P.O. BOX 21018  
 P.O. BOX 21018  
 TULSA OK 74121-1018  
 US**

3. Date Incorporated or Qualified **05/12/1983** 3a. Date of Last Report **05/01/1995**  
 4. FEI Number **34-1387184** 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

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 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**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent or authorized officer of corporation Date of registration of agent signature

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TITTERUD, RICHARD	
STREET ADDRESS	5310 E 31 ST, STE 700	
CITY-ST-ZIP	TULSA OK	
TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSTON, JEFFREY	
STREET ADDRESS	5310 E. 31 ST, STE 700	
CITY-ST-ZIP	TULSA OK	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SKILLEN, LYNN	
STREET ADDRESS	5310 E 31 ST	
CITY-ST-ZIP	TULSA OK	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	VP MARY MADDUX
23 STREET ADDRESS	5310 E. 31st ST.
24 CITY-ST-ZIP	TULSA OK 74136
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	V/S/T SKILLEN, LYNN
33 STREET ADDRESS	5310 E. 31st St.
34 CITY-ST-ZIP	TULSA OK 74135
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	AS / AT PAULA K YKENDALL
43 STREET ADDRESS	5310 EAST 31st St.
44 CITY-ST-ZIP	TULSA OK 74135
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	C BENJAMIN JACOBSON
53 STREET ADDRESS	5310 EAST 31st St.
54 CITY-ST-ZIP	TULSA, OK 74135
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	VP JANE MUGGETT
63 STREET ADDRESS	5310 E. 31st St.
64 CITY-ST-ZIP	TULSA, OK 74135

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)(k), 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 a 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 as an attachment with an address.

SIGNATURE: *Paula K. Ykendall* 4-10-96 (918) 621-1100  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Paula K. Ykendall

CR2E034 (12/95)