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

DOCUMENT # **858093** **(8)**

1. Corporation Name

CALLON PETROLEUM OPERATING COMPANY

Principal Place of Business	Mailing Address
200 N. CANAL STREET P. O. BOX 1287 NATCHEZ MS 39120 US	200 NORTH CANAL STREET P.O. BOX 1287 NATCHEZ MS 39120

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1983
3a. Date of Last Report: 03/01/1994
4. FEI Number: 94-0744280 ☐ 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CD	11 TITLE ☐ Change ☐ Addition
NAME	CALLON, JOHN S.	12 NAME
STREET ADDRESS	200 N. CANAL ST.	13 STREET ADDRESS
CITY ST ZIP	NATCHEZ MS	14 CITY ST ZIP
TITLE	V	21 TITLE ☐ Change ☐ Addition
NAME	CHRISTIAN, DENNIS W.	22 NAME
STREET ADDRESS	200 N. CANAL ST.	23 STREET ADDRESS
CITY ST ZIP	NATCHEZ MS	24 CITY ST ZIP
TITLE	PD	31 TITLE ☐ Change ☐ Addition
NAME	CALLON, FRED L. (SR V)	32 NAME
STREET ADDRESS	200 N. CANAL ST.	33 STREET ADDRESS
CITY ST ZIP	NATCHEZ MS	34 CITY ST ZIP
TITLE	S	41 TITLE ☐ Change ☐ Addition
NAME	TATUM, H. MICHAEL, JR.	42 NAME
STREET ADDRESS	200 N. CANAL ST.	43 STREET ADDRESS
CITY ST ZIP	NATCHEZ MS	44 CITY ST ZIP
TITLE	VT	51 TITLE ☐ Change ☐ Addition
NAME	WEATHERLY, JOHN S.	52 NAME
STREET ADDRESS	200 N. CANAL ST.	53 STREET ADDRESS
CITY ST ZIP	NATCHEZ MS	54 CITY ST ZIP
TITLE		61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY ST ZIP		64 CITY ST ZIP

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: _____ 05/23/95 601/442-1601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0497701 FN