

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

05-49493

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90028 043 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 858093  
1. Corporation Name  
CALLON PETROLEUM OPERATING COMPANY



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 10/12/1983  
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 owes the current year Intangible Personal Property Tax: [ ] 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	CD	<input type="checkbox"/> DELETE
NAME	CALLON, JOHN S.	
STREET ADDRESS	200 N. CANAL ST.	
CITY-ST-ZIP	NATCHEZ MS	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CHRISTIAN, DENNIS W.	
STREET ADDRESS	200 N. CANAL ST.	
CITY-ST-ZIP	NATCHEZ MS	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CALLON, FRED L. (SR V)	
STREET ADDRESS	200 N. CANAL ST.	
CITY-ST-ZIP	NATCHEZ MS	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TATUM, H. MICHAEL, JR.	
STREET ADDRESS	200 N. CANAL ST.	
CITY-ST-ZIP	NATCHEZ MS	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	WEATHERLY, JOHN S.	
STREET ADDRESS	200 N. CANAL ST.	
CITY-ST-ZIP	NATCHEZ MS	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: \_\_\_\_\_ DATE: Jan. 22, 1999 DAYTIME PHONE #: 601-442-1601

CR2E034 (11/98)