

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # F93000000875 (5)

1. Corporation Name

DUBLIN PETROLEUM CORP.



Principal Place of Business

**P. O. BOX 6029
ENID OK 73702**

Mailing Address

**P. O. BOX 6029
ENID OK 73702**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/08/1993

3a. Date of Last Report

03/21/1995

4. FEI Number

73-1257021

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes

☐ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when first filing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

CDP

STALLINGS, ROB

2910 WOODBRIAR

ENID OK 73703

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

VPD

GLASSER, HARVEY

945 GREEN ST.

SAN FRANCISCO CA 94133

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

S

STALLINGS, PATTY

2910 WOODBRIAR

ENID OK 73703

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1. TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

2542 Homestead Dr.

Enid, OK 73703

2. TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

3. TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

4. TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

5. TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

6. TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

7. TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

8. TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

9. TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

10. TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

11. TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

12. TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

13. TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

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 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:

Rob Stallings

Rob Stallings

3-28-96

405/234-7718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAY MONTH YEAR TELEPHONE NUMBER

CR2E034 (12/95)