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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000002168 (3)

1. Corporation Name

SAXON PUBLISHERS, INC.

Principal Place of Business

1320 WEST LINDSEY  
NORMAN OK 73069

Mailing Address

1320 WEST LINDSEY  
NORMAN OK 73069



3. Date Incorporated or Qualified  
05/10/1993

3a. Date of Last Report  
04/04/1995

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

10. Name and Address of New Registered Agent

STANLEY, BERBERT  
1125 N ELLIS RD  
P O BOX 6578  
JACKSONVILLE FL 32236

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CP	<input type="checkbox"/> DELETE
NAME	SAXON, JOHN H JR.	
STREET ADDRESS	1320 W. LINDSEY	
CITY-STATE-ZIP	NORMAN OK 73069	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SAXON, JOHN H III	
STREET ADDRESS	1320 WEST LINDSEY	
CITY-STATE-ZIP	NORMAN OK 73069	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SAXON, SHELBY	
STREET ADDRESS	1320 W. LINDSEY	
CITY-STATE-ZIP	NORMAN OK 73069	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SAXON, BRUCE	
STREET ADDRESS	1320 W. LINDSEY	
CITY-STATE-ZIP	NORMAN OK 73069	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	PERKINS, SARAH	
STREET ADDRESS	1320 W. LINDSEY	
CITY-STATE-ZIP	NORMAN OK 73069	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	PERKINS, SARAH	
STREET ADDRESS	1320 W. LINDSEY	
CITY-STATE-ZIP	NORMAN OK 73069	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

405-573-6490

CR2E034 (12/95)