

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001920 (7)
 1. Corporation Name
SAMSON INDUSTRIAL CORPORATION-SOUTHEAST



Principal Place of Business SAMSON PLAZA TWO WEST SECOND ST. TULSA OK 74103	Mailing Address SAMSON PLAZA TWO WEST SECOND ST. TULSA OK 74103
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/13/1994			
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 73-1442021	Applied For <input type="checkbox"/> Not Applicable		
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
				7. City		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
				8. City		9. City	
				9. City		10. City	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P HANCIN, DAVE	1.2 NAME	
STREET ADDRESS	TWO WEST SECOND ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	TULSA OK	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DV SCHUSTERMAN, STACY	2.2 NAME	V
STREET ADDRESS	TWO WEST SECOND ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	TULSA OK 74103	2.4 CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D THOLEN, C. PHILIP	3.2 NAME	V Sumerlin, Cyrus
STREET ADDRESS	TWO WEST SECOND ST	3.3 STREET ADDRESS	Two West Second Street
CITY - ST - ZIP	TULSA OK 74103	3.4 CITY - ST - ZIP	Tulsa, OK 74103
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S JONES, ANNABEL M	4.2 NAME	
STREET ADDRESS	TWO WEST SECOND ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	TULSA OK 74103	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VT HAIR, DON	5.2 NAME	
STREET ADDRESS	TWO WEST SECOND ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	TULSA OK 74103	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V CANON, JACK A	6.2 NAME	
STREET ADDRESS	TWO WEST SECOND ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	TULSA OK	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.

SIGNATURE: *Dave Hancin* **Dave Hancin, President** (918) 583-1791

CR2E034 (10/97)