

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 # F94000003101 (2)
1. Corporation Name

WESTERN OILFIELDS SUPPLY COMPANY



Principal Place of Business: **PO BOX 2248 BAKERSFIELD CA 93303**
Mailing Address: **PO BOX 2248 BAKERSFIELD CA 93303**

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: **06/14/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **95-1362750**
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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH 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
85 Zip Code: **FL**

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 and address of registered agent

Signature, typed or printed name and address of new registered agent

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD LAKE, JOHN W	<input type="checkbox"/>
NAME	LAKE, JOHN W	
STREET ADDRESS	3404 STATE ROAD	
CITY - ST - ZIP	BAKERSFIELD CA 93308	
TITLE	VD LAKE, WALTER G	<input type="checkbox"/>
NAME	LAKE, WALTER G	
STREET ADDRESS	3404 STATE ROAD	
CITY - ST - ZIP	BAKERSFIELD CA 93308	
TITLE	VTD LAKE, ROBERT C	<input type="checkbox"/>
NAME	LAKE, ROBERT C	
STREET ADDRESS	3404 STATE ROAD	
CITY - ST - ZIP	BAKERSFIELD CA 93308	
TITLE	S PULLEY, MARGUERITE K	<input type="checkbox"/>
NAME	PULLEY, MARGUERITE K	
STREET ADDRESS	3404 STATE ROAD	
CITY - ST - ZIP	BAKERSFIELD CA 93308	
TITLE	SD LAKE, DIANE S	<input type="checkbox"/>
NAME	LAKE, DIANE S	
STREET ADDRESS	3404 STATE ROAD	
CITY - ST - ZIP	BAKERSFIELD CA 93308	
TITLE	VD LAKE, CHRIS C	<input type="checkbox"/>
NAME	LAKE, CHRIS C	
STREET ADDRESS	3404 STATE ROAD	
CITY - ST - ZIP	BAKERSFIELD CA 93308	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
21 TITLE			
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: **Marguerite K. Pulley** 4-30-96 (805) 399-9124
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)