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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 93303-2248



3. Date Incorporated or Qualified 06/14/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 95-1362750	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LAKE, JOHN W 3404 STATE ROAD BAKERSFIELD CA 93308	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKE, JOHN W	1.2 NAME	
STREET ADDRESS	3404 STATE ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	BAKERSFIELD CA 93308	1.4 CITY - ST - ZIP	
TITLE	VD LAKE, WALTER G 3404 STATE ROAD BAKERSFIELD CA 93308	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKE, WALTER G	2.2 NAME	
STREET ADDRESS	3404 STATE ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	BAKERSFIELD CA 93308	2.4 CITY - ST - ZIP	
TITLE	VTD LAKE, ROBERT C 3404 STATE ROAD BAKERSFIELD CA 93308	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKE, ROBERT C	3.2 NAME	
STREET ADDRESS	3404 STATE ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	BAKERSFIELD CA 93308	3.4 CITY - ST - ZIP	
TITLE	S PULLEY, MARGUERITE K 3404 STATE ROAD BAKERSFIELD CA 93308	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULLEY, MARGUERITE K	4.2 NAME	
STREET ADDRESS	3404 STATE ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	BAKERSFIELD CA 93308	4.4 CITY - ST - ZIP	
TITLE	SD LAKE, DIANE S 3404 STATE ROAD BAKERSFIELD CA 93308	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKE, DIANE S	5.2 NAME	
STREET ADDRESS	3404 STATE ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	BAKERSFIELD CA 93308	5.4 CITY - ST - ZIP	
TITLE	VD LAKE, CHRIS C 3404 STATE ROAD BAKERSFIELD CA 93308	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKE, CHRIS C	6.2 NAME	
STREET ADDRESS	3404 STATE ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	BAKERSFIELD CA 93308	6.4 CITY - ST - ZIP	

14. I do 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: X MARGUERITE K. PULLEY 4/30/97 (805) 399-9124

SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)