

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # F94000005776 (9)

1. Corporation Name

HMT TONKAWA TANK COMPANY, INC.

95 FEB -1 AM 11:14

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: 509 EAST B AVENUE, TONKAWA OK 74653  
Mailing Address: 509 EAST B AVENUE, TONKAWA OK 74653

3. Date Incorporated or Qualified: 11/08/1994  
3a. Date of Last Report: N/A

2. Principal Place of Business: 21  
2a. Mailing Address: 26

4. FEI Number: 73-1024458  
Applied For: Not Applicable

22. Suite, Apt. #, etc.: 27

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

23. City & State: 28

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

24. Zip: 25 Country: 29

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

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  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: P  
NAME: JOHNSON, JAMES  
STREET ADDRESS: 509 EAST B AVE.  
CITY-ST-ZIP: TONKAWA OK 74653

1.1 TITLE:  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE: S  
NAME: ROYKO, RAYMOND T  
STREET ADDRESS: 509 EAST B AVE.  
CITY-ST-ZIP: TONKAWA OK 74653

2.1 TITLE:  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS: 960 Penn Avenue, Suite 800  
2.4 CITY-ST-ZIP: Pittsburgh, PA 15222

TITLE: D  
NAME: ROCKWELL, S. KENT  
STREET ADDRESS: 509 EAST B AVE.  
CITY-ST-ZIP: TONKAWA OK 74653

3.1 TITLE:  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS: 960 Penn Avenue, Suite 800  
3.4 CITY-ST-ZIP: Pittsburgh, PA 15222

TITLE: D  
NAME: MATHEWS, T. RICHARD  
STREET ADDRESS: 509 EAST B AVE.  
CITY-ST-ZIP: TONKAWA OK 74653

4.1 TITLE:  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS: 4422 FM 1960, West, Suite 350  
4.4 CITY-ST-ZIP: Houston, TX 77068

TITLE: D  
NAME: JONES, MILLARD H  
STREET ADDRESS: 509 EAST B AVE.  
CITY-ST-ZIP: TONKAWA OK 74653

5.1 TITLE:  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS: 4422 FM 1960, West, Suite 350  
5.4 CITY-ST-ZIP: Houston, TX 77068

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

6.1 TITLE:  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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 110.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or simplified 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 its 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 applicable, or on an alternate list with an address.

SIGNATURE: \_\_\_\_\_, Secretary 1/27/95 (412) 391-1896