

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000005776 (9)

1. Corporation Name

HMT TONKAWA TANK COMPANY, INC.



Principal Place of Business

Mailing Address

509 EAST B AVENUE
TONKAWA OK 74653

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TONKAWA OK 74653

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

11/08/1994

3a. Date of Last Report

02/01/1995

4. FEI Number

73-1024458

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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

Structure, 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: P DELETE
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 DELETE
NAME: ROYKO, RAYMOND T
STREET ADDRESS: 960 PENN AVENUE, SUITE 800
CITY - ST - ZIP: PITTSBURGH PA

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY - ST - ZIP:

TITLE: D DELETE
NAME: ROCKWELL, S. KENT
STREET ADDRESS: 960 PENN AVENUE, SUITE 800
CITY - ST - ZIP: PITTSBURGH PA

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY - ST - ZIP:

TITLE: D DELETE
NAME: MATHEWS, T. RICHARD
STREET ADDRESS: 4422 FM 1960, WEST, SUITE 350
CITY - ST - ZIP: HOUSTON TX

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY - ST - ZIP:

TITLE: D DELETE
NAME: JONES, MILLARD H
STREET ADDRESS: 4422 FM 1960, WEST, SUITE 350
CITY - ST - ZIP: HOUSTON TX

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY - ST - ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

6.1 TITLE: Change Addition
6.2 NAME: J. Wayne Jean
6.3 STREET ADDRESS: 4422 F.M. 1960 West, Suite 350
6.4 CITY - ST - ZIP: Houston, TX 77068

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sandra B. Mortham, Secretary of State

March 8, 1996 (412) 391-1896

Date

Daytime Phone #

CR2E034 (12/95)

PM 3/12/96