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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400006439

GBR PROPERTIES, INC.

Principal Place of Business	Mailing Address	
6660 SOUTH SHERIDAN SUITE 260 TULSA OK 74786	6660 SOUTH SHERIDAN SUITE 260 TULSA OK 79136	

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90104 007 ***150.00



Principal Place	of Business	Mailing Address			1					
6660 SOUTH SH	IERIDAN	6660 SOUTH SHERIDAN								
SUITE 260		SUITE 260				DO NOT WRITE IN THIS SPACE				
		TULSA OK 74436 77/3.3	LSA OK 7836			3. Date Incorporated or Qualifed				
79	133	77733				12/16/1994			J	
2 Principal Pla	are of Business	2a. Mailing Address				4. FEI Number		Ap	plied For	
¬ · · · · · · · · · · · · · · · · · · ·					73-1303802	×	No	t Applicable		
26 26 Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75 A	dditional		
					5. Certifcate of Status Desired		Fee Re	quired		
		City & State				6. Election Campaign Financing		\$5.00	May Be	
23	28					Trust Fund Contribution		Added to	,	
Zip			Countr	Country		8. This corporation owes the curre	ent year Inta	ngible		
24 74	133 [25]	29 74/33 30	0			Personal Property Tax.	-	Yes	□No	
	9. Name and Address of Current					10. Name and Address of New R	egistered A	gent		
			8	1 1	Name					
LATH	IAM, TOBIAS B JR		8:	2 .	Street Address	ss (P.O. Box Number is Not Accepta	hle)			
565 KINGSLEY AVE.			0	1	Siledi Addies	33 (1 .O. DOX 14011)DB1 13 1404 7 1000 g.m	,			
ORANGE PARK FL 32073			8:	3						
•			Ļ	+				85 Zip (`odo	
			8	4 (City		FL	65 Zip (>oue	
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the abo	ve-n	named corpor	ation submits this statement for the	purpose of o	hanging its	registered	
. office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was auth	horized b	y the	e corporation	's board of directors. I hereby accep	it the appoin	tment as re	gistered	
-	in familiar with, and accept the obligat	10/10 01, GCORDIT 007.0000, 1 15/10	ia biaisis						1	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Ag	ent sk	gnature required v		DATE			
12.	OFFICERS AN	D DIRECTORS	13.		· · · · ·	ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	PD	☐ DELETE	1.1 TITLE					☐ Change	☐ Addition	
NAME	LATHAM, TOBIAS B III		1.2 NAME	•						
STREET ADDRESS	5608 E. 101ST PL.		1.3 STRE	ET AC	DDRE\$S					
CITY-ST-ZIP	TULSA OK 74137		1.4 CITY-	ST-Z	ZIP					
TITLE	VSD	☐ OELETE	2.1 TITLE		ĺ			☐ Change	Addition	
NAME	RICHARDSON, RUSSELL A		2.2 NAME	Ē						
STREET ADDRESS	8005 S. FULTON AVE.		2.3 STRE	ET AC	DDRESS				ļ	
CITY-ST-ZIP	TULSA OK 74136		2.4 CITY	-ST-2	ZIP					
TITLE		☐ DELETE	3.1 TITLE	:				☐ Change	Addition	
NAME			32 NAME	E	ļ)	
STREET ADDRESS			3.3 STRE	ET AL	DORESS				1	
CITY-ST-ZIP			3.4. CITY	-ST-2	ZiP	<u> </u>				
TITLE		☐ DELETE	4,1 TITLE	.				☐ Change	☐ Addition	
NAME		•	4. 2 NAM	E		· • ·	•		ļ	
STREET ADDRESS			4.3 STRE	ET A	DORESS					
CITY-ST-ZIP			4.4 CITY-	-ST-Z	ZIP					
TITLE		☐ DELETE	5.1 TITLE	_				Change	Addition	
NAME			5.2 NAME	E						
STREET ADDRESS			5.3 STRE	ET A	DDRESS	· · · · · · · · · · · · · · · · · · ·		g, his it.		
CITY-ST-ZIP			5.4 CITY-	-\$T-Z	ZIP					
TITLE		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition	
NAME }			6.2 NAME	E						
STREET ADDRESS			6.3 STRE	ET AL	DDRESS					

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR