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FILED

Feb 06 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 # F95000004748 (8)

1. Corporation Name

RICH-MAR SOUTHEAST CORPORATION

Principal Place of Business

PO BOX 879
INOLA OK 74036

Mailing Address

PO BOX 879
INOLA OK 74036-0879

3. Date Incorporated or Qualified

09/29/1995

3a. Date of Last Report

05/01/1996

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

4. FEI Number

73-0941465

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input checked="" type="checkbox"/> DELETE
NAME	SHIRKEY, ALBERT	
STREET ADDRESS	8209 E. 63RD	
CITY-ST-ZIP	TULSA OK 74133	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	CODY, G. LEE	
STREET ADDRESS	ROUTE 3, P.O. BOX 100	
CITY-ST-ZIP	INOLA OK 74036	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	BRUCE, CHERY	
STREET ADDRESS	ROUTE 1, BOX 209D	
CITY-ST-ZIP	INOLA OK 74036	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	COFFEE, KENNETH	
STREET ADDRESS	134-C 18TH STREET	
CITY-ST-ZIP	TULSA OK	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DORHOLT, GREG	
STREET ADDRESS	1335 SURBANA	
CITY-ST-ZIP	TULSA OK	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LITTLE, ANITA	
STREET ADDRESS	270 C STREET NE	
CITY-ST-ZIP	INOLA OK	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	David Richards	
1.3 STREET ADDRESS	Rt 1, Box 55	
1.4 CITY-ST-ZIP	Chouteau, Ok. 74337	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-97 (918) 543-2222

CR2E034 (9/96)