

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

**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90077 043 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F95000005547**

1. Corporation Name  
**CALLON PETROLEUM COMPANY**



Principal Place of Business  
**200 N. CANAL ST.  
 NATCHEZ MS 39120**

Mailing Address  
**200 N. CANAL ST.  
 NATCHEZ MS 39120**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/13/1995**

2. Principal Place of Business  
**21** Suite, Apt. #, etc.

2a. Mailing Address  
**26** Suite, Apt. #, etc.

4. FEI Number  
**64-0844345**

Applied For  
 Not Applicable

**22** City & State

**27** City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**23** Zip

Country

**28** Zip

Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

**24** Zip

**25** Country

**29** Zip

**30** Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T 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

**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  DELETE  
 NAME **DC CALLON, JOHN S**  
 STREET ADDRESS **200 N. CANAL ST.**  
 CITY-ST-ZIP **NATCHEZ MS 39120**

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

TITLE  DELETE  
 NAME **PD CALLON, FRED L**  
 STREET ADDRESS **200 N. CANAL ST.**  
 CITY-ST-ZIP **NATCHEZ MS 39120**

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

TITLE  DELETE  
 NAME **VD CHRISTIAN, DENNIS W**  
 STREET ADDRESS **200 N. CANAL ST.**  
 CITY-ST-ZIP **NATCHEZ MS 39120**

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

TITLE  DELETE  
 NAME **VS TATUM, H M JR**  
 STREET ADDRESS **200 N. CANAL ST.**  
 CITY-ST-ZIP **NATCHEZ MS 39120**

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

TITLE  DELETE  
 NAME **VTCO WEATHERLY, JOHN S**  
 STREET ADDRESS **200 N. CANAL ST.**  
 CITY-ST-ZIP **NATCHEZ MS 39120**

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

TITLE  DELETE  
 NAME **D STANGER, ROBERT A**  
 STREET ADDRESS **1129 BROAD ST.**  
 CITY-ST-ZIP **SHREWSBURY NJ 07702**

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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

Jan 22, 1999

601/442-1601

Date

Daytime Phone #

CR2E034 (1/98)