

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 # F95000005929 (3)

1. Corporation Name

UNGER CONSTRUCTION COMPANY



Principal Place of Business

7210 OLD TAFT RD.
MUSKOGEE OK 74401

Mailing Address

7210 OLD TAFT RD.
MUSKOGEE OK 74401

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current 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 of person making this statement

Printed Name of person making this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE CP
NAME UNGER, JEAN S
STREET ADDRESS 7202 OLD TAFT RD.
CITY-STATE-ZIP MUSKOGEE OK 74401

TITLE CV
NAME UNGER, TERRY
STREET ADDRESS 7202 OLD TAFT RD.
CITY-STATE-ZIP MUSKOGEE OK 74401

TITLE D
NAME ADKINS, GREG
STREET ADDRESS 721 E. 58 SOUTH
CITY-STATE-ZIP MUSKOGEE OK 74401

TITLE ST
NAME BUY, CAROLE E
STREET ADDRESS 4625 W FONDULAC
CITY-STATE-ZIP MUSKOGEE OK 74401

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(b), 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 as an attachment with an address.

SIGNATURE:

Carole E. Buy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96

918-683-5028

FILE

DATE FILED

CR2E034 (12/95)