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FILED

**May 15 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 # F95000006178 (6)

1. Corporation Name
SNAPPY FUNDING CORPORATION



Principal Place of Business

**5310 E. 31ST ST
TULSA OK 74135-5020**

Mailing Address

**5310 E. 31ST ST
TULSA OK 74135-5073**

3. Date Incorporated or Qualified
12/18/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 4111 S. DARLINGTON AVE.

2a. Mailing Address

26 4111 S. DARLINGTON AVE.

4. FEI Number
73-1481995

Applied For
Not Applicable

22 SUITE 600

27 SUITE 600

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 TULSA, OK

28 TULSA, OK

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 74135 **25 U.S.**

29 74135 **30 U.S.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TATTERUD, RICHARD W.	
STREET ADDRESS	5310 E. 31ST ST	
CITY - ST - ZIP	TULSA OK 74135-5020	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PJAL, KIMBERLY	
STREET ADDRESS	5310 E. 31ST ST	
CITY - ST - ZIP	TULSA OK	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	SKILLENN, R. LYNN	
STREET ADDRESS	5310 E. 31ST ST	
CITY - ST - ZIP	TULSA OK 74135-5020	
TITLE	VAST	<input type="checkbox"/> DELETE
NAME	KUYKENDALL, PAULA	
STREET ADDRESS	5310 E. 31ST ST	
CITY - ST - ZIP	TULSA OK 74135-5020	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	TAYLOR, SCOTT	
STREET ADDRESS	5310 E. 31ST ST	
CITY - ST - ZIP	TULSA OK 74135-5020	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GARRETT B. VONK	
1.3 STREET ADDRESS	4111 S. DARLINGTON AVE.	
1.4 CITY - ST - ZIP	TULSA, OK 74135	
2.1 TITLE	PAUL, KIMBERLY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PAUL, KIMBERLY	
2.3 STREET ADDRESS	4111 S. DARLINGTON AVE.	
2.4 CITY - ST - ZIP	TULSA, OK 74135	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	4111 S. DARLINGTON AVE.	
3.4 CITY - ST - ZIP	TULSA, OK 74135	
4.1 TITLE	VAST D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VAST D	
4.3 STREET ADDRESS	4111 S. DARLINGTON AVE.	
4.4 CITY - ST - ZIP	TULSA, OK 74135	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	4111 S. DARLINGTON AVE.	
5.4 CITY - ST - ZIP	TULSA, OK 74135	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RICHARD D'ALBERT	
6.3 STREET ADDRESS	4111 S. DARLINGTON AVE.	
6.4 CITY - ST - ZIP	TULSA, OK 74135	

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 *[Signature]*

4-25-97 (018) 74135

CR2E034 (9/96)