

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 06 1997 8:00am  
Secretary of State

DOCUMENT # **F96000001740 (7)**

1. Corporation Name

**SCURLOCK PERMIAN CORPORATION**

Principal Place of Business

**3 ALLEN CENTER  
333 CLAY ST.  
HOUSTON TX 77210**

Mailing Address

**PO BOX 4648  
HOUSTON TX 77210-4648**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24**

**25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29**

**30**

3. Date Incorporated or Qualified

**04/08/1996**

3a. Date of Last Report

4. FEI Number

**75-0908366**

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**

7. 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	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HILL, LAUREN L</b>	
STREET ADDRESS	<b>333 CLAY ST.</b>	
CITY - ST - ZIP	<b>HOUSTON TX 77210</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>BRADLEY, JOHN D</b>	
STREET ADDRESS	<b>333 CLAY ST.</b>	
CITY - ST - ZIP	<b>HOUSTON TX 77210</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>COE, EDWARD D</b>	
STREET ADDRESS	<b>333 CLAY ST.</b>	
CITY - ST - ZIP	<b>HOUSTON TX 77210</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>DREYFUSS, LAWRENCE J</b>	
STREET ADDRESS	<b>333 CLAY ST.</b>	
CITY - ST - ZIP	<b>HOUSTON TX 77210</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>HAUSRATH, DAVID L</b>	
STREET ADDRESS	<b>1000 ASHLAND DR</b>	
CITY - ST - ZIP	<b>RUSSELL KY 77002</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>LECHLER, C R</b>	
STREET ADDRESS	<b>333 CLAY ST.</b>	
CITY - ST - ZIP	<b>HOUSTON TX 77002</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	<input 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

*Charles D. Ellis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Charles D. Ellis**

**1-30-97**

**606/357-7484**

Date

Daytime Phone #

CR2E034 (9/96)