

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 12 1997 8:00am
Secretary of State

DOCUMENT # F96000006741 (0)

1. Corporation Name
ARROW TRUCKING CO.



Principal Place of Business

Mailing Address

**4320 S ELWOOD AVE
PO BOX 3570
TULSA OK 74101**

**4320 S ELWOOD AVE
PO BOX 3570
TULSA OK 74101-3570**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

3. Date Incorporated or Qualified

3a. Date of Last Report

12/24/1996

4. FEI Number

Applied For

73-0764029

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

10. Name and Address of New Registered Agent

**CALVERT, JACK
1410 BIRD RD
MIAMI FL 33146**

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
STREET ADDRESS
CITY-ST-ZIP

**DCP
PIELSTICKER, J W
4320 S ELWOOD AVE
TULSA OK 74101**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
PIELSTICKER, J DOUGLAS
4320 S ELWOOD AVE
TULSA OK 74101**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
PIELSTICKER, CAROL
4320 S ELWOOD AVE
TULSA OK 74101**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
JONES, GARY L
4320 S ELWOOD AVE
TULSA OK 74101**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
COLLINS, J ROGER
4320 S ELWOOD AVE
TULSA OK 74101**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
BOLEN, JERRY
4320 S ELWOOD AVE
TULSA OK 74101**

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

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

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

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

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

6.1 TITLE ☐ Change ☐ 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:

J. Robert Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-97

918-446-1441

Date

Daytime Phone # 0011486

CR2E034 (9/96)