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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600006803 (8)

ASBESTOS HANDLERS, INC.

Mailing Address

FILED Jan 30 1998 8:00am Secretary of State



| Principal Place | s or business | Mailing Address | Mailing Address | | | | | | |
|--|--|-------------------------------------|---------------------|---|-----------------|--|-----------|-------------|----------------|
| 6920 E. READING PL | | 6920 E. READING PL | | | | | | | |
| TULSA OK 74115 | | TULSA OK 74115 | TULSA OK 74115 | | | | | | |
| | | | | | | DO NOT WRITE IN | THIS SP | ACE | |
| | | | | | | Date Incorporated or Qualified | | | - |
| | | | | | | 12/27/1996 | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | | \Box | Applied For |
| 21 | 26 | | | | | 73-1288987 | | | Not Applicable |
| Suite, Apt. | # elc : | | Suite, Apt. #, etc. | | | | | | Additional |
| | #, e.c. | — | | | | Certificate of Status Desired |] | | Recuired |
| 22 | | 27 | City & State | | | | | | |
| City & State | 3 | | <u></u> ′ | | | 6. Election Campaign Financing | _ | | May Be |
| 23 | 28 | | | T. Carrata | | Trust Fund Contribution | | | d to Fees |
| Zip | Country | Zip | Countr | У | | 8. This corporation owes or has paid | | | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax due June 30. Yes No | | | |
| | Name and Address of the control of the cont | Current Registered Agent | | | | 10. Name and Address of New Regis | tered Aç | jent | |
| CT | CORPORATION SYSTEM | | 81 | I Na | ıme | | | | |
| 1200 SOUTH PINE ISLAND ROAD | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | ANTATION FL 33324 | | 82 Street Add | | | ss (P.O. Box Number is Not Acceptable) | ' | | |
| | 411A11011 L 33324 | | 83 | 1 | | | | | |
| | | | ~ | 1 | | | | | |
| | | | 84 | Cit | tv | | | 85 Zir | Code |
| | | | | 1 ' ' | • | | FL | ' | |
| 11. Pursuant i | o the provisions of Sections 6 | 07.0502 and 607.1508, Florida Stati | ites, the above | /e-nan | med corpo | ration submits this statement for the pur n's board of directors. I hereby accept t | pose of c | hanging | its registered |
| office or re | egistered agent, or both, in the | e State of Florida. Such change was | authorized b | y the | corporatio | n's board of directors. I hereby accept t | ne appoi | ntment a | is registered |
| agent. i ai | m tamiliar with, and accept the | obligations of, Section 607.0303, i | TUTIUA SIAIUIE | 75. | | | | | |
| SIGNATURE | | | TE: Registered Ag | | | when released as | DATE | | - |
| | Signature, typed or printed name of regis | RS AND DIRECTORS | 13. | leur aid: | nature required | ADDITIONS/CHANGES TO OFFICER | | VIDECTC | 100 IN 10 |
| 12. | PD | DELETE | | | | ADDITIONS/CHANGES TO OFFICER | | Change | |
| TITLE | | T DETEIL | 1.1 TITLE | | - 1 | | _ | _ Orlange | , |
| NAME | WEST, KYLE | | 1.2 NAME | | | | | | |
| STREET ADDRESS | 6920 E READING PL | | 1.3 STREE | T ADDRI | ESS | | | | |
| CITY-ST-ZIP | TULSA OK | | 1.4 CITY- | ST-ZIP | - | | | | |
| TITLE | SID | DELETE | 2.1 TITLE | | | | | Сћапде | Addition |
| NAME | WEST, TOM R | ST, TOM R | | | | | | | |
| l i | 6920 E READING PL | | 2.3 STREE | | ree | | | | - |
| STREET ADDRESS | TULSA OK | 04.014 | | | [| | | | |
| CITY - ST - ZIP | 51 | | | 2. 4 City-St-ZiP | | | | Change | Addition |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | | L | | , LI AGGILION |
| NAME | WEST, J L | | 3.2 NAME | | j | | | | Į. |
| STREET ADDRESS | 6920 E READING PL | | 3 3 STREE | T ADDRI | ESS | | | | į |
| CITY-ST-ZIP | TULSA OK | | 3.4, CITY- | -ST-ZIP | , | | | | |
| TIFLE | | DELETE | 4.1 TITLE | | | | | Change | Addition |
| NAME | | _ | 4, 2 NAMI | | | | | • | |
| | | | | | rec | | | | |
| STREET ADDRESS | | | 4.3 STREE | | | | | | |
| CITY-ST-ZIP | | | 4.4 C/TY- | | | | | 1 6 | (|
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | L | i Change | Addition |
| NAME | | | 5.2 NAME | | 1 | | | | |
| STREET ADDRESS | | | 5.3 STREE | T ADDRI | ESS | | | | |
| | | | 5.4 CITY- | | 1 | | | | |
| CITY-ST-ZIP | | DELETE | 5.4 CITTLE | | | | | Change | Addition |
| TITLE | | - perese | | | | | - | 90 | |
| NAME | | | 6.2 NAME | | | | | | |
| STREET ADDRESS | | | 6.3 STREE | T ADDRI | ESS | | | | |
| CITY-ST-ZIP | | | 6.4 CITY- | ST-ZIP | | | | | |
| | | | | | | Now 440 07(0)() Deside Continue for | 11 | E. Marat 41 | o information |

1. 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.

SIGNATURE:

THE DIESE STATE

1-16-98 836-5585

CR2E034 (10/97)