SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #
1. Corporation Name F97000004877 (3)

## RED RIVER SERVICE CORPORATION

## **FILED** Sep 09 1998 8:00am Secretary of State



Principal Place	e of <b>Bus</b> iness		Ma	Mailing Address									*****			
318 WEST MAI				318 WEST MAIN ST												
MARLOW OK 73055				MARLOW OK 73055					DO NOT WRITE IN THIS SPACE							
									3. Date	Incorporated						
									09/10	8/1997						
2. Principal Place of Business				2a. Malling Address					4. FÉI N		·			Applied For	r ]	
21				26 P.O. Box 588					73-	1372197				Not Applica		
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certif	icate of State	us Desired		•	75 Additiona	al	
034.8 54-44				City & State					<del></del>					ee Required		
City & State			-1	28 Harlow, OK										.00 May Be	}	
Zip Country			28	Zip Coun						Trust Fund Contribution				Added to Fees		
24	}.	25 29 73055 30				n nu y			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No							
		and Address of Cur		lered Agent		I			10. Name and Address of New Registered Agent							
CT (		81								1						
CT CORPORATION SYSTEM 1200 SO PINE ISLAND RD							Street Address (P.O. Box Number is Not Acceptable)									
PLANTATION FL 33324							82 Street Addres			Tess (F.O. DOX MUITIDELIS NOLACOEPIRADIE)						
													<del></del> -			
							City						Toel	Zip Code		
						84	City					FL	85	Zip Code		
11. Pursuant	t to the provisi	ons of sections 607.0	502 and 60	7.1508, Florida Statut	es, the ab	ove-i	named d	corporation	on submit	s this statem	ent for the p	urpose of cl	hanging	its registered		
agent. I a	regist <b>e</b> reo age am <b>fam</b> iliar wi	ent, or both, in the St th, and accept the ob	ate of Florid digations of	da. Such change was , section 607.0505, F	aumonize Iorida Stal	o by lutes.	ine corp	poration s	s poaro o	oirectors. 1	nereby acce	pt the appo	ın <b>ç</b> meni	as registered		
SIGNATURE																
	Signature, typed o	or printed name of registered	_;				Agent signature required whon reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRE						FOTODO IN 1			
12.	PD	OFFICERS	AND DIRE	D DIRECTORS			1.1 TITLE 7			IONS/CHAN	IGES TO OF		Cha			
NAME	SMITH, JA	MES A		C. J DELC IC			NAME SN		ith.	James	5 A		CITE CITE	inge [] Addi	1000	
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STREET ADDRESS							3 STREET ADDRESS			Box 20	OLA					
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OH FOLKIN				- <u>_</u>		11015	ur	ــــــــــــــــــــــــــــــــــــــ								

14. I hereby certify that the information supplied with this filling indicated on this annual report or supplemental angust an officer or director of the corporation or the receiver or in Block 12 or Block 13 if changed, or or an attary in the y to the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

8-5-08