

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

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**Apr 13, 1999 8:00 am**  
**Secretary of State**

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000003673**

1. Corporation Name  
**ROBERTS/SCHORNICK & ASSOCIATES, INC.**

Principal Place of Business  
**3700 W ROBINSON, STE 200  
 NORMAN OK 73702**

Mailing Address  
**3700 W ROBINSON, STE 200  
 NORMAN OK 73702**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/26/1998</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>73-1286492</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WIEDEMAN, GARY</b> <b>1850 COLONIAL DRIVE</b> <b>GREEN COVE SPRINGS FL 32042</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>PT</del> VS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHORNICK, H M	1.2 NAME	
STREET ADDRESS	4000 INNSBROOK CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORMAN OK	1.4 CITY-ST-ZIP	
TITLE	<del>VS</del> PT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, HERSCHEL J	2.2 NAME	
STREET ADDRESS	1107 MANOR DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORMAN OK	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENHAM III, WEBSTER L	3.2 NAME	
STREET ADDRESS	1514 CIRCLE GLEN	3.3 STREET ADDRESS	
CITY-ST-ZIP	EDMOND OK	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLISON, WILLIAM E	4.2 NAME	
STREET ADDRESS	2812 TAHOE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	EDMOND OK	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROACH, LARRY W	5.2 NAME	
STREET ADDRESS	12223 S. VILLA	5.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAHOMA CITY OK	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BERT J	6.2 NAME	
STREET ADDRESS	711 N.W. 36TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORMAN OK	6.4 CITY-ST-ZIP	

14. 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/6/99 DAYTIME PHONE #: 405-321-8895

CR2E034 (11/98)