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

PROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
Mar 06, 1999 8:00 am
Secretary of State
03-06-1999 90016 024 ***150.00

DOCUMENT # **F98000004142**

1. Corporation Name

AMERICAN FIDELITY DUAL STRATEGY FUND, INC.

Principal Place of Business	Mailing Address
2000 CLASSEN CENTER. SUITE 7N 2S OKLAHOMA CITY OK 73106	2000 CLASSEN CENTER. SUITE 7N 2S OKLAHOMA CITY OK 73106

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
07/20/1998

2. Principal Place of Business	21	2a. Mailing Address	26
Suite, Apt. #, etc.	22 2S	Suite, Apt. #, etc.	27 2S
City & State	23	City & State	28
Zip	24	Country	25	Zip	29	Country	30

4. FEI Number	Applied For
73-1544180	Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ 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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	REX, JOHN W		1.2 NAME	
STREET ADDRESS	2000 CLASSEN CENTER, SUITE 7N		1.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAHOMA CITY OK 73106		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, DANIEL D JR		2.2 NAME	
STREET ADDRESS	2000 CLASSEN CENTER, SUITE 7N		2.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAHOMA CITY OK 73106		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JOULLIAN, EDWARD C III		3.2 NAME	
STREET ADDRESS	2000 CLASSEN CENTER, SUITE 800E		3.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAHOMA CITY OK 73106		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, G. R JR		4.2 NAME	
STREET ADDRESS	6301 N. WESTERN, SUITE 200		4.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAHOMA CITY OK 73118		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GUMERSON, JEAN G		5.2 NAME	
STREET ADDRESS	711 STANTON L. YOUNG BLVD, SUITE 604		5.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAHOMA CITY OK 73104		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LOVE, GREGORY M		6.2 NAME	
STREET ADDRESS	10601 N. PENNSYLVANIA		6.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAHOMA CITY OK 73126		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: _____   02-19-99   (405) 523-5343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daniel D Adams Jr.   Date   Daytime Phone #

C R2E034 (11/98)