

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90029 035 ***550.00

DOCUMENT # **F98000004306**

1. Corporation Name

CRC-KEY, INC.



Principal Place of Business

**10700 E. INDEPENDENCE
TULSA OK 7416**

Mailing Address

**10700 E. INDEPENDENCE
TULSA OK 7416**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1998

4. FEI Number

73-1537870

Applied For

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

I, 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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

LE	CEO	<input type="checkbox"/> DELETE
ME	CAREY, M. TIMOTHY	
REET ADDRESS	11601 N. HOUSTON-ROSSLYN RD	
Y-ST-ZIP	HOUSTON TX 77086	
LE	P	<input type="checkbox"/> DELETE
ME	KEY, BOB	
REET ADDRESS	10700 E. INDEPENDENCE	
Y-ST-ZIP	TULSA OK 7416	
LE	CBDS	<input type="checkbox"/> DELETE
ME	EVANS, C. PAUL	
REET ADDRESS	10700 E. INDEPENDENCE	
Y-ST-ZIP	TULSA OK 7416	
LE	ST	<input type="checkbox"/> DELETE
ME	FRANCIS, NORMAN	
REET ADDRESS	11601 N. HOUSTON-ROSSLYN RD	
Y-ST-ZIP	HOUSTON TX 77086	
LE	AS	<input type="checkbox"/> DELETE
ME	STEPHENS, TOMMY K	
REET ADDRESS	10700 E. INDEPENDENCE	
Y-ST-ZIP	TULSA OK 7416	
LE	D	<input type="checkbox"/> DELETE
ME	WOOD, D. DALE	
REET ADDRESS	13280 NORTHWEST FREEWAY BOX F-342	
Y-ST-ZIP	HOUSTON TX 77040	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/99

Date

(918) 432-1071

Daytime Phone #

CR2E034 (5/99)

0120263