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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H16540

(7)

R. T. ENERGY RESOURCES, INC.

Principal Pla	ace of Business	Mailing Address							
2200 Classen BLVD SUITE 1350 SUITE 1350 OKLAHOMA CITY OK 73106 OKLAHOMA CITY OK 73106 OKLAHOMA CITY OK 73106				-5810					
ONDARIONA	VIII OK 23100	CALCAROMA OTT ON TO	CHERTONIC WIT WE CHINGSON			3. Date Incorporated or Qualified 08/14/1984	ed 3a. Date of Last Report 04/22/1996		
2. Principal	2a. Mailing Address	}			4. FEI Number			Applied For	
1		26	26			59-2890620 Not Applicat			Vot Applicable
Suite, Ap	ot. #, otc	Suite, Apt. #, etc.	h			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & St	tate	City & State	h			Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
7(p)	D Country Zip Country 25 29 30					8. This corporation has liability for in Florida Statutes		tax under] No	s. 199.032,
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re-	glatered .	Agent	
LANE, CHARLES D 100 SOUTH ASHLEY DRIVE				81 82		ress (P.O. Box Number is Not Acceptab	le)		· •
SUITE 1700									
TAMPA FL 33602				83					
			Ī	84	City		FL	85 Zij	o Code
11. Pursua: office o agent.	nt to the provisions of Sections 607.00 or registered agent, or both, in the Sta I am familiar with, and accept the obl	502 and 607,1508, Florida State te of Florida. Such change was igations of, Section 607,0505, F	utes, the ab s authorized Florida State	ove by utes	-named corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of the app	changing ointment e	its registered is registered
SIGNATURI	Elignature, typed or printed name of registered a	gent and litle if applicable (NC	DTE: Registered	Agei	nt signature requi	red when reinstating)	DATE		
12.		ND DIRECTORS				ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	PRS IN 12
TITLE	D	DELETE	t.1 Tif	t.1 TITLE				Change	Addition
NAME	KAMPER, CARL	KAMPER, CARL		1.2 NAME					
STREET ADDRES	AAAA OLAAACH DIAD			1.3 STREET ADDRESS					
2017 ST. 302	OKLAHOMA CITY OK 73106		14.00	rv.et	T_71P				

Addition O DELETE Change SD 2.1 TITLE TUTE RABENORT, JAN 2.2 NAME 2200 CLASSEN BLVD 2.3 STREET ADDRESS STREET ADDRESS OKLAHOMA CITY OK 73106 2.4 CITY-ST-ZIP CITY-SI-ZIP DELETE Change ☐ Addition 31 TITLE MELISSE, CHRIS W.M. 3.2 NAME NAME 2200 CLASSEN BLVD 3.3 STREET ADDRESS STREET ADDRESS **OKLAHOMA CITY OK 73106** CITY-SF-7IP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE THE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-2IF DELETE Change Addition 5.1 TITLE 5.2 NAME NAM: STREET ADDRESS 5.3 STREET ADDRESS 5.4 C(TY-ST-ZIP CITY - ST - ZIP DELETE 61 TITLE Change Addition TITLE 6.2 NAME NAME 6.3 SYREET ADDRESS STREET ADDRESS CITY-ST-7IP 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied part his 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 of supplemental annual report is true and accurate and that my signature shall have the same logal 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

SIGNATURE:

May 5, 1997

180-460300

FILED

May 19 1997 8:00am

Secretary of State

Daytime Phone #