

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J31826 (7)

1. Corporation Name

APACHE PRODUCTS COMPANY

Principal Place of Business

P.O. BOX 671  
905 23RD AVE  
MERIDIAN MS 39302-0671

Mailing Address

P.O. BOX 671  
905 23RD AVE  
MERIDIAN MS 39302-0671



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified

09/05/1986

3a. Date of Last Report

04/06/1995

4. FEI Number

59-2732583

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

Consolidated

10. Name and Address of New Registered Agent

51-0228719

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

Signature, typed or printed name of registered agent and title, if applicable

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

D  
NAME: BURGESS, JAMES  
STREET ADDRESS: 905 23RD AVE  
CITY-STATE-ZIP: MERIDIAN MS

☐ DELETE

D  
NAME: JOHNSEY, WALTER  
STREET ADDRESS: 905 23RD AVE  
CITY-STATE-ZIP: MERIDIAN MS

☐ DELETE

D  
NAME: LONG, WILLIAM  
STREET ADDRESS: 905 23RD AVE  
CITY-STATE-ZIP: MERIDIAN MS

☒ DELETE

S  
NAME: GASTON, S. ALBERT  
STREET ADDRESS: 905 23RD AVE  
CITY-STATE-ZIP: MERIDIAN MS

☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

S  
1.1 TITLE: Rawson, Leo  
1.2 NAME: 905 23rd Ave.  
1.3 STREET ADDRESS: Meridian, MS 39301  
1.4 CITY-STATE-ZIP:

☐ Change

☐ Addition

2.1 TITLE:  
2.2 NAME:  
2.3 STREET ADDRESS:  
2.4 CITY-STATE-ZIP:

☐ Change

☐ Addition

3.1 TITLE:  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY-STATE-ZIP:

☐ Change

☐ Addition

4.1 TITLE:  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY-STATE-ZIP:

☐ Change

☐ Addition

5.1 TITLE:  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-STATE-ZIP:

☐ Change

☐ Addition

6.1 TITLE:  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY-STATE-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

(601) 485-3441

Date

Daytime Phone #

CR2E034 (12/95)