

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

FILED

Jan 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P07108 (4)  
1. Corporation Name  
MERRICK, INC. OF OKLAHOMA, INC.



Principal Place of Business: 1000 ENERGY CENTER SUITE 201, P O BOX 998, ARDMORE OK 73402  
Mailing Address: 1000 ENERGY CENTER SUITE 201, P O BOX 998, ARDMORE OK 73402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1985  
4. FEI Number: 73-0777855  
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 or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

2. Principal Place of Business (21) and Mailing Address (22a) fields with sub-fields for Suite, Apt. #, etc. (22), City & State (23), Zip (24), and Country (25, 29, 30).

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324

10. Name and Address of New Registered Agent (81-84) fields: Name (81), Street Address (82), City (84), State (85: FL), 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 of 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 registering)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SNODGRASS, JOHN F.	
STREET ADDRESS	115 W. BROADWAY	
CITY-ST-ZIP	ARDMORE OK	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MERRICK, WARD S. JR.	
STREET ADDRESS	1000 ENERGY CENTER, #201	
CITY-ST-ZIP	ARDMORE OK	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MERRICK, FRANK W.	
STREET ADDRESS	1000 ENERGY CENTER, #201	
CITY-ST-ZIP	ARDMORE OK	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	COX, BRIDGE	
STREET ADDRESS	310 W MAIN	
CITY-ST-ZIP	ARDMORE OK	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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.

SIGNATURE: *Frank W. Merrick* FRANK W. MERRICK 1/5/98 580/226-7000

CR2E034 (10/97)