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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

01-27-1999 90045 002 \*\*\*150.00

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P07108

MERRI	CK, INC. OF OKLAHOMA, INC	•			
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1000 ENERGY CENTER SUITE 201 1000 ENERGY CENTER SI			uite 201		
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,		ANDMONE ON 73402		3. Date Incorporated or Qualifed	E IN THIS SPACE
Ĺ	•			08/14/1985	
L	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		73-0777855	Not Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
- City & Sta	ate	City & State			Fee Required
23		28		6. Election Campaign Financing - Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the curren	nt year Intangible
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
. ст	CORPORATION SYSTEM		81 Name		
NE 120	OO S. PINE ISLAND ROAD		82 Street Add	ress (P.O. Box Number is Not Acceptabl	
PL/	ANTATION FL 33324		83	্র এই প্রতিষ্ঠান করে। বিশ্ব	e täre doku, george undt, angen propin upen, grop Er til Tiden digte projektion den eine ander onde
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11. Pursuan	it to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligatio	and 607.1508, Florida Statu Florida. Such change was a	tes, the above-named corporation	poration submits this statement for the puon's board of directors. I hereby accept t	rpose of changing its registered
/ agent. (	am familiar with, and accept the obligatio	ins of Section 607.0505, Flo	orida Statutes.	,	
SIGNATURE	·		•	•	
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature require	ad when reinstating) ႏ ೯೭೮ ನ	DATE
SIGNATURE	·	nd title if applicable. (NOTE	•	ad when reinstating) ಕೃತ್ಯಾಗ್ನಿ ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	nd title if applicable. (NOTE	Registered Agent signature require	ad when reinstating) ႏ ೯೭೮ ನ	DATE
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent a OFFICERS AND PD SNODGRASS, JOHN F. 115 W. BROADWAY ARDMORE OK	ind title if applicable. (NOTE  DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ad when reinstating) ಕೃತ್ಯಾಗ್ನಿ ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
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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.

6.4 CITY-ST-ZIP