

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 AM 9:12

DOCUMENT # P10959 (5)

1. Corporation Name
FLINTCO, INC.

Principal Place of Business
1624 WEST 21ST STREET
TULSA OK 74107

Mailing Address
1624 WEST 21ST STREET
TULSA OK 74107

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/29/1986	3a. Date of Last Report 01/31/1994
4. FEI Number 73-0489220	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	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country
25	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 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.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HATCHER, NOLAN R.	1.2 NAME	
STREET ADDRESS	1624 W. 21 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	HECK, W. LOWELL	2.2 NAME	
STREET ADDRESS	1624 W. 21 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	STRAUSER, CHARLES W.	3.2 NAME	
STREET ADDRESS	1624 W. 21 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MAXWELL, TOM E.	4.2 NAME	
STREET ADDRESS	1624 W. 21 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LACKEY, P.K.	5.2 NAME	
STREET ADDRESS	1624 W. 21ST STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 110.07(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 of this report as an attachment with an address.

SIGNATURE:

Charles W. Strauser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES W. STRAUSER

1/17/95 9/8/587-8451
Date Daytime Phone #