

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

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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P10959** (5)

1. Corporation Name
FLINTCO, INC.



Principal Place of Business Mailing Address
1624 WEST 21ST STREET **1624 WEST 21ST STREET**
TULSA OK 74107 **TULSA OK 74107-2708**

3. Date Incorporated or Qualified **07/29/1986** 3a. Date of Last Report **01/29/1996**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 30 Country

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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

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

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCHER, NOLAN R.	1.2 NAME	MAXWELL, TOM E.
STREET ADDRESS	1624 W. 21 STREET	1.3 STREET ADDRESS	1624 W. 21 STREET
CITY - ST - ZIP	TULSA OK 74107	1.4 CITY - ST - ZIP	TULSA OK 74107
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HECK, W. LOWELL	2.2 NAME	RONALD PERRY
STREET ADDRESS	1624 W. 21 STREET	2.3 STREET ADDRESS	1624 W. 21 STREET
CITY - ST - ZIP	TULSA OK 74107	2.4 CITY - ST - ZIP	TULSA OK 74107
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAUSER, CHARLES W.	3.2 NAME	
STREET ADDRESS	1624 W. 21 STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	TULSA OK 74107	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, TOM E.	4.2 NAME	
STREET ADDRESS	1624 W. 21 STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	TULSA OK 74107	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, JOHN	5.2 NAME	
STREET ADDRESS	1624 W. 21ST STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	TULSA OK 74107	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, on an attachment with an address.

SIGNATURE: *[Signature]* REQUIRED **1-16-97** **918/587-8451**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)