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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Secretary of State
DIVISION OF CORPORATIONS

DATE May 05 1997 8:00am
Secretary of State

1997

DOCUMENT # P14535

(9)

OXY PE		ICALS, INC.		(3)								
Principal Place of Business Mailing Address												
\$005 LBJ FREEWAY P.O. BOX 300 DALLAS TX 75244 TULSA OK 74102 US					3300							
									3. Date Incorporated or Qualified 05/19/1987		Date of Last Re 1/17/1996	eport
2. Principal P	lace of Busine	ess	2a.	2a. Mailing Address				4. FEI Number			plied For	
21			26	26					76-0214999		<u> </u>	t Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	Γη	\$8.75 A	
22				27							Fee Re	·
City & State				City & State					6. Election Campaign Financing		\$5.00	
Zip Country			28	Zip Count					Trust Fund Contribution			
24	25		29	— — — — — — — — — — — — — — — — — — —					B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	9. Name and Address of Curre								10. Name and Address of New R			
THE		HALL CORPORAT				81	Name					
		EET, SUITE 105			<u> </u>	82	Street	Addre	ss (P.O. Box Number is Not Accepta	ble)		
TALLAHASSEE FL 32301							0		00 (1,01,00x 110,110,00x 10,110,000)			
	7:											
							City			F	85 Zip C	Code
11. Pursuant	to the provision	ons of Sections 607.	0502 and 6	07.1508, Florida Statu	tes, the ab	OVE	e-named	corpc	oration submits this statement for the			s registered
office or r agent. I a	regi ste red age am fa miliar with	ent, or both, in the Si h, and accept the of	ate of Florid oligations of	da. Such change was I, Section 607.0505, Fi	authorized lorida Statu	des	the corp 3.	ooratic	oration submits this statement for the on's board of directors. I hereby acce	pt the a	ppointment as	registered
SIGNATURE	Stonsture bond o	y printed name of registered	Latient and tilk	if sopleable (NO	If Begislered	Ane	int signature	roquire	d when reinstating)	DATE		
12.	O'grander, typica i			D DIRECTORS 13.					ADDITIONS/CHANGES TO OFF	CERS A	ND DIRECTOR	S IN 12
TITLE	AS			DELETE 11TI							☐ Change	Addition
NAME	NAME PARISE, S.P.			1,2 NA								
STREET ADDRESS 10889 WILSHIRE BLVD				1.3 \$			3 STREET ADDRESS					
CITY-ST-ZIP	LOS ANGE	LES CA			1.4 CITY - ST - ZIP							
TITLE	CPD		☐ DELETE			ŧΕ					☐ Change	Addition
NAME	HIRL, J. R.				2.2 NA			[
STREET ADDRESS				1			ADDRESS					
CITY-ST-ZIP				DELETE			61 - ZIP	v			XI Change	Addition
TITLE	VAS	0.5						V			TER CHANGE	- AUDITION
NAME	HAZZARD, C F			1			3 2 NAME 3 3 STREET ADDRESS					
STREET ADDRESS	1 0000 000			i i			3 3 STREET ADDRESS 3 4. CITY - ST- ZIP					
CITY-ST-ZIP TITLE	DALLAS T	^		X DELETE			4 1 TITLE		, <u>, , , , , , , , , , , , , , , , , , </u>		Change	X Addition
NAME	GRUBERTH, FJ								EEN, SHELLEY D.			
STREET ADDRESS						4.3 STREET ADDRESS			889 WILSHIRE BLVD.			
CITY-ST-ZIP				4 4 CiTY-S					S ANGELES CA 90024			
TITLE	AS			DELETE	51111			<u></u> -			Change	Addition
NAME	JACKSON	. D.G.			5 2 NAI	ME						
STREET ADDRESS		7TH STREET			5.3 STF	REE1	ADDRESS					
CITY-ST-ZIP	TULSA OF				5,4 CIT	Y-S	I - ZIP					
TITLE	AS			DELETE	6.1 TIT	LE					Change	Addition
NAME	ROSS, D.O	3.			6.2 NA	ME						
STREET ADDRESS		7TH STREET			6.3 STF	REET	ADDRESS					
CITY OT 710	THEATH	t			64 CIT	V. 9	T - 71P	1				1

14. Ido 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 or phaneger, or phaneautric manner with an address.

CIONATURE.

DAVID G

4-24-97

(918) 561-3497