

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P38894** (2)

1. Corporation Name

PIPING COMPANIES, INC.



Principal Place of Business

Mailing Address

**P.O. BOX 190
SAND SPRINGS OK 74063**

**P.O. BOX 190
SAND SPRINGS OK 74063**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

23 City & State

27 City & State

24 Zip Country

28 Zip Country

25

29

26

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
05/14/1992

3a. Date of Last Report
02/20/1995

4. FEI Number

73-0619852

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

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.,
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 next to registered agent and then if applicable

(If not, Registered Agent's signature required when resigning)

(If not)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P BOWMAN, CRAIG**
STREET ADDRESS **RT 1, BOX 98-0**
CITY - ST - ZIP **DEPEW OK**

TITLE ☐ DELETE
NAME **V HALLFORD, TOM**
STREET ADDRESS **4115 WHISPERING CREEK DR**
CITY - ST - ZIP **SAND SPRINGS OK**

TITLE ☐ DELETE
NAME **T SCHMITT, GARY**
STREET ADDRESS **11359 E MAPLEWOOD AVE**
CITY - ST - ZIP **ENGLEWOOD CO**

TITLE ☒ DELETE
NAME **AS LITWACK, STEPHEN**
STREET ADDRESS **2911 EAST 39TH**
CITY - ST - ZIP **TULSA OK**

TITLE ☐ DELETE
NAME **V ALLISON, MARK**
STREET ADDRESS **6237 S YORKTOWN PLACE**
CITY - ST - ZIP **TULSA OK**

TITLE ☐ DELETE
NAME **V HENDERSON, CHARLES**
STREET ADDRESS **1015 KEMBERTON**
CITY - ST - ZIP **HOUSTON TX**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK ALLISON

6-11-96

918-245-6606

Date

Business Phone

CR2E034 (3/96)