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FILED

May 12 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 # P38894 (2)

1. Corporation Name  
PIPING COMPANIES, INC.

Principal Place of Business  
P.O. BOX 190  
SAND SPRINGS OK 74063

Mailing Address  
P.O. BOX 190  
SAND SPRINGS OK 74063-0190



3. Date Incorporated or Qualified 05/14/1992  
3a. Date of Last Report 06/21/1996

4. FEI Number 73-0618852  
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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.,  
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 reinstating) DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP Currently vacant

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME V/S/T/D  
3.3 STREET ADDRESS 9502 E. Maplewood Circle  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, or on an attachment with an address.

SIGNATURE: X [Signature] REDUCED HALLFORD 04/29/97 (918) 245-6606  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)