Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P38894

Country

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

PIPING COMPANIES, INC.

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

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90267 041 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

05/14/1992

73-0619852

4. FEI Number

24	25	29	30			Personal Property Tax.	
	9. Name and	Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD., PLANTATION FL 33324				81 82 83 84	Name Street A	Address (P.O. Box Number is Not Acceptable) 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	Clouding hand or pri	inted name of registered agent and title if applicable.	(NOTE: Registere	1 Agen	t signature re	equired when reinstating) DATE	
12.	Signature, typed or pro	OFFICERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	DE DE				Change Addition	
1	1 *	_	1.2 N			_	
NAME	HALLFORD, 1						
STREET ADDRESS	t .	ERING CREEK DR			ADORESS		
CITY-ST-ZIP	SAND SPRIN			TY-S1	r-ZIP	Change Addition	
TITLE	CM	□ DE)	Designed Dynamics	
NAME	Daer, H e		2.2 N	AME			
STREET ADDRESS		_	2.3 \$	TREET	ADORESS		
CITY-ST-ZIP	TULSA OK 7			ITY-S	T-ZIP		
TITLE	1	□ DE	LETE 3.1 T	TLE	}	☐ Change ☐ Addition	
NAME	ļ		3.2 N	AME	i		
STREET ADDRESS	s[3.3 S	TREET	ADDRESS		
CITY-ST-ZIP	}		3.4. 0	ITY-S	T- <i>Z</i> IP		
TITLE		□ DE	LETE 4.1T	TLE		Change Addition	
NAME	Ì		4, 21	IAME	1		
STREET ADDRESS			4.3 S	TREET	ADDRESS		
CITY-ST-ZIP	Ĭ		440	ITY-S1	r-71P		
TITLE		☐ DE				☐ Change ☐ Addition	
 NAME			5.2 N	AME	{		
STREET ADDRESS			5.3 S	TREET	ADDRESS		
CITY-ST-ZIP	1		5.4 C	TY-ST	-ZIP		
TITLE	 	□ DE				☐ Change ☐ Addition	
NAME			6.2 N	AME	†		
ļ					ADDRESS		
STREET ADDRESS	Ì			TY-S1	i		
CITY-ST-ZIP	'if , the this inf	formation augusted with this filing does not a			<u></u>	in Section 119.07(3)(i). Florida Statutes, I further certify that the information	

Country

I nereby certify that the information supplied with this typing does not qualify for the exemption stated in Section 119.07(5)(f), Fiolida Statutes, I notifie 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 tostee 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, with all other like empowered.

SIGNATURE: