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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90051 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 805671

1. Corporation Name
PLACID OIL COMPANY



Principal Place of Business

Mailing Address

110 W 7TH ST
 TULSA OK 74119-1044
 US

P.O. BOX 300
 TULSA OK 74102-0300
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1943

4. FEI Number

72-0395174

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEMN, INC
 1201 HAYS STREET, SUITE 105
 TALLAHASSEE FL 32301

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable) **089430**
CERTIFIED MAIL # 089430
DATE MAILED APR 20 1999
 84 City State
 85 Zip Code **FL**

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	EVP	<input checked="" type="checkbox"/> DELETE
NAME	DANIEL, E L	
STREET ADDRESS	1200 DISCOVERY DR	
CITY-ST-ZIP	BAKERSFIELD CA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ABEL, ROGER L	
STREET ADDRESS	1200 DISCOVERY DR	
CITY-ST-ZIP	BAKERSFIELD CA 93309	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	ALDEN, JOHN W.	
STREET ADDRESS	10889 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	JACKSON, DONALD G	
STREET ADDRESS	110 W 7TH ST	
CITY-ST-ZIP	TULSA OK	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROSS, DAVID G.	
STREET ADDRESS	110 W. 7TH STREET	
CITY-ST-ZIP	TULSA OK	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	YEN, DAVID C	
STREET ADDRESS	10889 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA 90024	

1.1 TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	S. A. (PETE) SMITH	
1.3 STREET ADDRESS	1200 DISCOVERY DR	
1.4 CITY-ST-ZIP	BAKERSFIELD CA 93309	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	J. R. HAVERT	
6.3 STREET ADDRESS	10889 WILSHIRE BLVD	
6.4 CITY-ST-ZIP	LOS ANGELES CA 90024	

14. I 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 supplement if 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, with all other like empowers.

SIGNATURE:

David G. Ross

DAVID G. ROSS

4-19-99

(918/561-3497)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)