

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **813585** (7)  
1. Corporation Name  
**KAYO OIL COMPANY**



Principal Place of Business: **600 N. DAIRY ASHFORD ML 3146 HOUSTON TX 77079 US**  
Mailing Address: **600 N DAIRY ASHFORD ML 3146 HOUSTON TX 77079 US**

3. Date Incorporated or Qualified: **05/06/1959**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **62-0609963**  
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for State, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 607.0532 and 607.1505, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | PD                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | HAMM, W R            |  |
| STREET ADDRESS | 600 NO DAIRY ASHFORD |  |
| CITY-ST-ZIP    | HOUSTON TX           |  |
| TITLE          | DV                   | <input type="checkbox"/> DELETE            |
| NAME           | BELL, S. B           |  |
| STREET ADDRESS | 600 NO DAIRY ASHFORD |  |
| CITY-ST-ZIP    | HOUSTON TX           |  |
| TITLE          | AT                   | <input type="checkbox"/> DELETE            |
| NAME           | HILL, O. D           |  |
| STREET ADDRESS | 600 N DAIRY ASHFORD  |  |
| CITY-ST-ZIP    | HOUSTON TX           |  |
| TITLE          | S                    | <input type="checkbox"/> DELETE            |
| NAME           | COBB, L B            |  |
| STREET ADDRESS | 600 NO DAIRY ASHFORD |  |
| CITY-ST-ZIP    | HOUSTON TX           |  |
| TITLE          | V                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | KNICKEL, C S         |  |
| STREET ADDRESS | 600 NO DAIRY ASHFORD |  |
| CITY-ST-ZIP    | HOUSTON TX           |  |
| TITLE          | D                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | MERCHANT, R. B       |  |
| STREET ADDRESS | 600 NO DAIRY ASHFORD |  |
| CITY-ST-ZIP    | HOUSTON TX           |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |  |
|-------------------|--|
| 1.1 TITLE         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| 12 NAME           |  |
| 13 STREET ADDRESS |  |
| 14 CITY-ST-ZIP    |  |
| 2.1 TITLE         | President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| 22 NAME           |  |
| 23 STREET ADDRESS |  |
| 24 CITY-ST-ZIP    |  |
| 3.1 TITLE         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| 32 NAME           |  |
| 33 STREET ADDRESS |  |
| 34 CITY-ST-ZIP    |  |
| 4.1 TITLE         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| 42 NAME           |  |
| 43 STREET ADDRESS |  |
| 44 CITY-ST-ZIP    |  |
| 5.1 TITLE         | Vice President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52 NAME           | W. R. Gover  |
| 53 STREET ADDRESS | 600 N. Dairy Ashford   |
| 54 CITY-ST-ZIP    | Houston, TX 77079  |
| 6.1 TITLE         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                         |
| 62 NAME           | Vice President/Director  |
| 63 STREET ADDRESS | R. A. Sumner   |
| 64 CITY-ST-ZIP    | 600 N. Dairy Ashford   |
|                   | Houston, TX 77079  |

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *O. D. Hill* O. D. Hill, Asst. Treasurer 4-24-96 713/293-5933  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)