

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -6 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 825523

(4)

1. Corporation Name

A.B. CULBERTSON AND COMPANY

Principal Place of Business

**777 MAIN ST
1250 CONTINENTAL PLZ
FT WORTH TX 76102**

Mailing Address

**777 MAIN ST
1250 CONTINENTAL PLZ
FT WORTH TX 76102**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1970

3a. Date of Last Report

05/01/1994

4. FEI Number

75-0883781

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Fund Contribution

\$5.00 May Be Added to Fees

7. This corporation has taken the appropriate steps under 1990 Florida Statutes

Yes No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt # etc

22

State, Apt # etc

27

City & State

23

City & State

28

24

25

29

30

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 Name

82 Street Address, P.O. Box Number, if Not Applicable

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above named corporation admits 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 607.1506, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not the same as the Corporation)

Signature of Registered Agent (if not the same as the Corporation)

477

12

OFFICERS AND DIRECTORS

13

AGENTS AND MANAGERS, OFFICERS AND DIRECTORS (if any)

TITLE

D

**SARSGARD, WILLIAM R
4400 BOMBAY CT
FT WORTH TX**

14 TITLE

Chairman of the Board Change Addition

NAME

STREET ADDRESS

CITY, STATE, ZIP

15 NAME

16 STREET ADDRESS

17 CITY, STATE, ZIP

TITLE

VP

**MEFFORD, WILMA DOLORES
5106 LANDOVER HILLS
ARLINGTON TX**

18 TITLE

Senior Vice President Change Addition

NAME

STREET ADDRESS

CITY, STATE, ZIP

19 NAME

20 STREET ADDRESS

21 CITY, STATE, ZIP

TITLE

S

**CLARY, PAMELA R
RT 2 BOX 965
BURLESON TX**

22 TITLE

Change Addition

NAME

STREET ADDRESS

CITY, STATE, ZIP

23 NAME

24 STREET ADDRESS

25 CITY, STATE, ZIP

TITLE

D

**BRANTLEY, LEONARD H
3715 CRESTHAVEN TERR
FT WORTH TX**

26 TITLE

Change Addition

NAME

STREET ADDRESS

CITY, STATE, ZIP

27 NAME

28 STREET ADDRESS

29 CITY, STATE, ZIP

TITLE

POC

**MARTIN, CHARLES E
1250 CONTINENTAL PLZ
FT WORTH TX**

30 TITLE

President/CEO Change Addition

NAME

STREET ADDRESS

CITY, STATE, ZIP

31 NAME

32 STREET ADDRESS

33 CITY, STATE, ZIP

TITLE

D

**FINLEY, DEE S JR
2412 MEDFORD CT E
FT WORTH TX**

34 TITLE

Change Addition

NAME

STREET ADDRESS

CITY, STATE, ZIP

35 NAME

36 STREET ADDRESS

37 CITY, STATE, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my registered office has the appropriate office as it shall comply with that I am an officer or director of the corporation or the person or limited engagement to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or as an attachment with an address.

SIGNATURE:

William B. Jackson
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William B. Jackson

6-20-95

817-335-2371