

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

1996 SEP -3 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

PROFIT
CORPORATION
ANNUAL REPORT
1996

DOCUMENT # **825523** (4)
 1. Corporation Name
A.B. CULBERTSON AND COMPANY



Principal Place of Business Mailing Address
777 MAIN ST **777 MAIN ST**
1250 CONTINENTAL PLZ **1250 CONTINENTAL PLZ**
FT WORTH TX 76102 **FT WORTH TX 76102**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1970		3a. Date of Last Report 07/06/1995	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 75-0883761		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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 is Not Acceptable)
 83
 84 City
 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 in block, in capital letters and the title position. (The FEI Numbered Agent signature required when reappointing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARSGARD, WILLIAM R	1.2 NAME	
STREET ADDRESS	4400 BOMBAY CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT WORTH TX	1.4 CITY-ST-ZIP	
TITLE	SVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVIS, BILL W.	2.2 NAME	
STREET ADDRESS	1250 CONTINENTAL PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARY, PAMELA R	3.2 NAME	
STREET ADDRESS	RT 2 BOX 965	3.3 STREET ADDRESS	
CITY-ST-ZIP	BURLESON TX	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANTLEY, LEONARD H	4.2 NAME	
STREET ADDRESS	3715 CRESTHAVEN TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT WORTH TX	4.4 CITY-ST-ZIP	
TITLE	PDC	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, WILLIAM B.	5.2 NAME	
STREET ADDRESS	1250 CONTINENTAL PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINLEY, DEE S JR	6.2 NAME	
STREET ADDRESS	2412 MEDFORD CT E	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT WORTH TX	6.4 CITY-ST-ZIP	

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******375.00 ****375.00**

Bill W. Travis

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bill W. Travis* 8-27-96 817-335-2371
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)