

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 826957 (3)

1. Corporation Name  
**H.B. ZACHRY COMPANY**



Principal Place of Business: 527 LOGWOOD P. O. BOX 21130 SAN ANTONIO TEXAS 78221  
Mailing Address: 527 LOGWOOD P. O. BOX 21130 SAN ANTONIO TEXAS 78221

3. Date Incorporated or Qualified: 11/01/1971  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 74-0998570  
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 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 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 is Not Acceptable)  
83  
84 City 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	EVP	<input type="checkbox"/> DELETE
NAME	EBROM, CHARLES	
STREET ADDRESS	213 SHEFFIELD PLACE	
CITY-ST-ZIP	SAN ANTONIO, TX 00000	
TITLE	VPC	<input type="checkbox"/> DELETE
NAME	LOZANO, JOE J.	
STREET ADDRESS	2758 WHISPER PATH	
CITY-ST-ZIP	SAN ANTONIO, TX 00000	
TITLE	COB	<input type="checkbox"/> DELETE
NAME	ZACHRY, H B JR	
STREET ADDRESS	7603 SHADYLANE	
CITY-ST-ZIP	SAN ANTONIO, TX 00000	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	ORNELAS, GONZALEZ	
STREET ADDRESS	2511 RESTON	
CITY-ST-ZIP	SAN ANTONIO, TX 00000	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	JOHNSTON JR., MURRAY L.	
STREET ADDRESS	306 KENNEDY AVE.	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MANNING, KEITH	
STREET ADDRESS	8479 ROMEY	
CITY-ST-ZIP	SAN ANTONIO TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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: *Joe J. Lozano* Joe J. Lozano 4-17-96 210-922-1213  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY'S PHONE

CR2E034 (12/95)