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Feb 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P36457 (0)

1. Corporation Name
L.D. BRINKMAN & CO. (TEXAS), INC.



Principal Place of Business Mailing Address
520 N. WILDWOOD ROAD IRVING TX 75061
520 N. WILDWOOD ROAD IRVING TX 75061-8000

3. Date Incorporated or Qualified 11/19/1991
3a. Date of Last Report 07/02/1996
4. FEI Number 75-1232158
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 1655 Waters Ridge Drive
22 Lewisville TX
23 75057
24 USA
25
26 PO Box 569450
27
28 Dallas TX
29 75386
30 USA

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KAROL, THOMAS D.	
STREET ADDRESS	520 NORTH WILDWOOD ROAD	
CITY - ST - ZIP	IRVING TX	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	EZELL, V. LEVON	
STREET ADDRESS	520 NORTH WILDWOOD ROAD	
CITY - ST - ZIP	IRVING TX	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	WULZ, JACK L.	
STREET ADDRESS	7027 ARBOR OAKS DR	
CITY - ST - ZIP	DALLAS TX	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KRUEGER, WILLIAM J.	
STREET ADDRESS	520 NORTH WILDWOOD	
CITY - ST - ZIP	IRVING TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SILLS, JEFF	
STREET ADDRESS	520 NORTH WILDWOOD ROAD	
CITY - ST - ZIP	IRVING TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	1655 Waters Ridge Drive	
1.4 CITY - ST - ZIP	Lewisville TX 75057	
2.1 TITLE	(Director only)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1655 Waters Ridge Drive	
2.4 CITY - ST - ZIP	Lewisville TX 75057	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	1655 Waters Ridge Drive	
3.4 CITY - ST - ZIP	Lewisville TX 75057	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	1655 Waters Ridge Drive	
4.4 CITY - ST - ZIP	Lewisville TX 75057	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	1655 Waters Ridge Drive	
5.4 CITY - ST - ZIP	Lewisville TX 75057	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 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: *W. J. Krueger* W. J. Krueger VP Treasurer 1-29-97 972-353-3500
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)