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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: 520 N. WILDWOOD ROAD IRVING TX 75061
Mailing Address: 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
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

21. Principal Place of Business: 1655 Waters Ridge Drive
22. City & State: Lewisville TX
23. Zip: 75057 Country: USA
24. City & State: Dallas TX
25. Zip: 75386 Country: 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, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: KAROL, THOMAS D. STREET ADDRESS: 520 NORTH WILDWOOD ROAD CITY-ST-ZIP: IRVING TX	<input type="checkbox"/> DELETE	1.1 TITLE: President 1.2 NAME: KAROL, THOMAS D. 1.3 STREET ADDRESS: 520 NORTH WILDWOOD ROAD 1.4 CITY-ST-ZIP: IRVING TX 75061	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DP NAME: EZELL, V. LEVON STREET ADDRESS: 520 NORTH WILDWOOD ROAD CITY-ST-ZIP: IRVING TX	<input type="checkbox"/> DELETE	2.1 TITLE: (Director only) 2.2 NAME: EZELL, V. LEVON 2.3 STREET ADDRESS: 1655 Waters Ridge Drive 2.4 CITY-ST-ZIP: Lewisville TX 75057	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVS NAME: WULZ, JACK L. STREET ADDRESS: 7027 ARBOR OAKS DR CITY-ST-ZIP: DALLAS TX	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: WULZ, JACK L. 3.3 STREET ADDRESS: 1655 Waters Ridge Drive 3.4 CITY-ST-ZIP: Lewisville TX 75057	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: KRUEGER, WILLIAM J. STREET ADDRESS: 520 NORTH WILDWOOD CITY-ST-ZIP: IRVING TX	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: KRUEGER, WILLIAM J. 4.3 STREET ADDRESS: 1655 Waters Ridge Drive 4.4 CITY-ST-ZIP: Lewisville TX 75057	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SILLS, JEFF STREET ADDRESS: 520 NORTH WILDWOOD ROAD CITY-ST-ZIP: IRVING TX	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: SILLS, JEFF 5.3 STREET ADDRESS: 1655 Waters Ridge Drive 5.4 CITY-ST-ZIP: Lewisville TX 75057	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

CR2E034 (9/96)