

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 28 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P36501** (5)

1. Corporation Name  
**STEARNS AIRPORT EQUIPMENT CO., INC.**

Principal Place of Business Mailing Address  
**2525 STEMMONS FRWY DALLAS TX 75207**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/03/1991** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>75-2389189</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		28		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
23		29		30		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				01 Name			
				02 Street Address (P.O. Box Number is Not Acceptable)			
				03			
				04 City			
				FL		05 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent used (use if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DON H	1. 2 NAME	
STREET ADDRESS	2525 STEMMONS FRWY	1. 3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX 75207	1. 4 CITY - ST - ZIP	
TITLE	VD	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, KENNETH W	2. 2 NAME	
STREET ADDRESS	2525 STEMMONS FREEWAY	2. 3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX 75207	2. 4 CITY - ST - ZIP	
TITLE	SD	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHELPS, F. DEAN	3. 2 NAME	
STREET ADDRESS	2525 STEMMONS FREEWAY	3. 3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX 75207	3. 4 CITY - ST - ZIP	
TITLE	T	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOOP, NEIL O	4. 2 NAME	
STREET ADDRESS	2525 STEMMONS FREEWAY	4. 3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX 75207	4. 4 CITY - ST - ZIP	
TITLE	AVP	5. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILSON DONALD G	5. 2 NAME	<b>↳ Delete</b>
STREET ADDRESS	2525 STEMMONS FREEWAY	5. 3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX	5. 4 CITY - ST - ZIP	
TITLE	CD	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, W. RAY	6. 2 NAME	
STREET ADDRESS	2525 STEMMONS FREEWAY	6. 3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX 75207	6. 4 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 unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* **F. Dean Phelps** **4/21/95** **(214) 509-8291**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR