

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # P95000018079 (0)**

1. Corporation Name  
**2039 WILSON BOULEVARD INC.**



Principal Place of Business: **%STATE BOARD OF ADMINISTRATION 1236 BLOUNTSTOWN HWY. TALLAHASSEE FL 32304**  
Mailing Address: **%STATE BOARD OF ADMINISTRATION 1236 BLOUNTSTOWN HWY. TALLAHASSEE FL 32304**

3. Date Incorporated or Qualified: **03/06/1995**  
3a. Date of Last Report  
4. FEI Number: **75-2584804**  
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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29  
City & State, Suite, Apt. #, etc., Zip, Country

9. Name and Address of Current Registered Agent: **SCHOW, HORACE II %STATE BOARD OF ADMINISTRATION 1236 BLOUNTSTOWN HWY. TALLAHASSEE FL 32304**  
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BENNETT, DOUGLAS W</b>	1.2 NAME	<b>G. Andrews Smith</b>
STREET ADDRESS	<b>1236 BLOUNTSTOWN HWY.</b>	1.3 STREET ADDRESS	<b>8750 N. Central Expressway, Suite 800</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32304</b>	1.4 CITY-ST-ZIP	<b>Dallas, TX 75231-6437</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>EVP &amp; Sec.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MILLER, TODD A</b>	2.2 NAME	<b>Daniel L. Plumlee</b>
STREET ADDRESS	<b>1236 BLOUNTSTOWN HWY.</b>	2.3 STREET ADDRESS	<b>8750 N. Central Expressway, Suite 800</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32304</b>	2.4 CITY-ST-ZIP	<b>Dallas, TX 75231-6437</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>T. Gregory Kraus</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>8750 N. Central Expressway, Suite 800</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Dallas, TX 75231-6437</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Mark P. Faraldo</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>8750 N. Central Expressway, Suite 800</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Dallas, TX 75231-6437</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>T &amp; Ass't. Sec.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Mark V. Welch</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>8750 N. Central Expressway, Suite 800</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Dallas, TX 75231-6437</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, on an attachment with an address.

SIGNATURE: **G. Andrews Smith** **4/9/86** (214) 989-0800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)