

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

D 738

FILED

Apr 23 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 # 674170 (6)
1. Corporation Name
LINCOLN CONTRACTORS OF FLORIDA, INC.



Principal Place of Business 1505 FEDERAL ST. DALLAS TX 75201 US	Mailing Address PO BOX 1920 DALLAS TX 75221-1920
---	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/19/1980	3a. Date of Last Report 05/30/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 75-1709288	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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
 Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P/D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	POGUE, MACK		1.2 NAME				
STREET ADDRESS	1505 FEDERAL ST.		1.3 STREET ADDRESS				
CITY-ST-ZIP	DALLAS TX 75201		1.4 CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MILLER, BRADLEY M.		2.2 NAME	Dan Jacks			
STREET ADDRESS	2901 W.BUSCH BLVD., #503		2.3 STREET ADDRESS	1505 Federal Street			
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Dallas, Texas 75201			
TITLE	VS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MOOTER, K E		3.2 NAME				
STREET ADDRESS	1505 FEDERAL ST.		3.3 STREET ADDRESS				
CITY-ST-ZIP	DALLAS TX 75201		3.4 CITY-ST-ZIP				
TITLE	VST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DAVIS, NANCY A.		4.2 NAME				
STREET ADDRESS	1505 FEDERAL ST.		4.3 STREET ADDRESS				
CITY-ST-ZIP	DALLAS TX 75201		4.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	EVERETT, LEIGH ANN		5.2 NAME				
STREET ADDRESS	1505 FEDERAL ST.		5.3 STREET ADDRESS				
CITY-ST-ZIP	DALLAS TX 75201		5.4 CITY-ST-ZIP				
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 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 *Leigh Ann Everett* **Leigh Ann Everett**
Asst. Secretary *4-9-97* **(214) 740-4440**

CR2E034 (9/96)