SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

APPROVED AND FILED
1996 SEP -3 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **825523** **(4)**

1. Corporation Name
A.B. CULBERTSON AND COMPANY

Principal Place of Business
777 MAIN ST
1250 CONTINENTAL PLZ
FT WORTH TX 76102

Mailing Address
777 MAIN ST
1250 CONTINENTAL PLZ
FT WORTH TX 76102

3. Date Incorporated or Qualified: 12/23/1970
3a. Date of Last Report: 07/06/1995
4. FEI Number: 75-0683761 ☐ 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
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

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 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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	C	☐ DELETE
NAME	SARSGARD, WILLIAM R	
STREET ADDRESS	4400 BOMBAY CT	
CITY-ST-ZIP	FT WORTH TX	
TITLE	SVP	☐ DELETE
NAME	TRAVIS, BILL W.	
STREET ADDRESS	1250 CONTINENTAL PLAZA	
CITY-ST-ZIP	FORT WORTH TX	
TITLE	S	☐ DELETE
NAME	CLARY, PAMELA R	
STREET ADDRESS	RT 2 BOX 965	
CITY-ST-ZIP	BURLESON TX	
TITLE	D	☐ DELETE
NAME	BRANTLEY, LEONARD H	
STREET ADDRESS	3715 CRESTHAVEN TERR	
CITY-ST-ZIP	FT WORTH TX	
TITLE	PDC	☐ DELETE
NAME	JACKSON, WILLIAM B.	
STREET ADDRESS	1250 CONTINENTAL PLAZA	
CITY-ST-ZIP	FORT WORTH TX	
TITLE	D	☐ DELETE
NAME	FINLEY, DEE S JR	
STREET ADDRESS	2412 MEDFORD CT E	
CITY-ST-ZIP	FT WORTH TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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-09/11/96--01093--017
****375.00 ****375.00

KS 9/10 FILE

CR2E034 (3/96)

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 if changed, or on an attachment with an address.

SIGNATURE: Bill W. Travis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-96
Date

817-335-2371
Daytime Phone #