

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

**FILED**

**Jun 22 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # 854432 (2)**  
1. Corporation Name  
**LUBBOCK CORPORATION**



Principal Place of Business  
**WEST 9TH STREET  
P. O. BOX 1379  
TULSA OK 74101-1379  
US**

Mailing Address  
**WEST 9TH STREET  
P. O. BOX 1379  
TULSA OK 74101-1379  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/20/1982</b>	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc	4. FET Number <b>75-1169471</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MOORE, TUCKER 173 BATH CLUB BLVD NO N. REDINGTON BEACH FL 33738</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>16400 Gulf Blvd., Suite 507</b>		
				83			
				84	City <b>Redington Beach</b>	85	Zip Code <b>FL 33708</b>

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>PST</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>MOORE, C T</b>		1.2 NAME				
STREET ADDRESS	<b>173 BATH CLUB BLVD NO</b>		1.3 STREET ADDRESS	<b>16400 Gulf Blvd, Suite 507</b>			
CITY-ST-ZIP	<b>N. REDINGTON BEACH FL</b>		1.4 CITY-ST-ZIP	<b>Redington Beach FL 33708</b>			
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	<b>CARTWRIGHT, MARY K.</b>		2.2 NAME				
STREET ADDRESS	<b>5309 E PALOMINO RD</b>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<b>PHOENIX AZ</b>		2.4 CITY-ST-ZIP	<b>ZIP - 85018</b>			
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>MOORE, MELISSA A</b>		3.2 NAME				
STREET ADDRESS	<b>173 BATH CLUB BLVD NO</b>		3.3 STREET ADDRESS	<b>16400 Gulf Blvd, Suite 507</b>			
CITY-ST-ZIP	<b>N. REDINGTON BCH FL</b>		3.4 CITY-ST-ZIP	<b>Redington Beach FL 33708</b>			
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>MOHR, B A A</b>		4.2 NAME				
STREET ADDRESS	<b>99 TUDOR PL</b>		4.3 STREET ADDRESS	<b>16400 Gulf Beach, Suite 507</b>			
CITY-ST-ZIP	<b>KENIWORTH IL</b>		4.4 CITY-ST-ZIP	<b>Redington Beach, FL 33708</b>			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			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	<b>5000025658-FL</b>			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	<b>-06/23/98-01040-022</b>			

14. I 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.

CR2E034 (10/97)

*622*  
*JP*

*6/22/98*