FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 04, 2004 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # 85674/					05-04-2004 90197 044	***150.00
DO NOT WRITE IN THIS SPACE					24068357	
2. Principal Place of Business 303 ARTHUR ST.		3. Mailing Address 303 ARTHUR ST.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State FORT WORTH, TX		City & State FORT WORTH, TX			4. FEI Number 75-1738902	Applied For Not Applicable
Zip 76407	Country	Zip	1	ountry	5. Certificate of Status Desired	\$8.75 Additional
76107	USA	76107	USA	7. Nan	ne and Address of Current Regis	
DO NOT WRITE IN THIS SPACE				Name CT CORPOR/ Street Add		
	1			City	FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the						
State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS	AND DIRECTORS	11.			
TITLE NAME	IP LLOYD E. SWIGGUM		2 11 1 1 1 1	TITLE NAME		
STREET ADDRESS CITY-ST-ZIP	303 ARTHUR ST. FORT WORTH, TX 76107		STREET ADDRES CITY-ST-ZIP		S	
TITLE	S/D			TITLE		
NAME STREET ADDRESS	W.G. BLACKMON III 303 ARTHUR ST.			NAME STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH, TX 76107		CITY-ST-ZIP			
TITLE NAME	T ROBERT D. SMITH			TITLE		
STREET ADDRESS	303 ARTHUR ST.			REET ADDRES		IDITE
CITY-ST-ZIP	FORT WORTH, TX 76107			TY-ST-ZIP	DO NOT W	
TITLE NAME	ID KIRK BLACKMON			TLE NME	IN THIS SI	PACE
STREET ADDRESS	303 ARTHUR ST.			TREET ADDRES		
CITY-ST-ZIP	FORT WORTH, TX 76107			CITY-ST-ZIP		
TITLE NAME	ID IGREG BLACKMON			TITLE NAME		
STREET ADDRESS	303 ARTHUR ST.			NAME STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH, TX 76107			CITY-6T-ZIP		
TITLE NAME	D GARY D. TRABKA			TITLE NAME		
STREET ADDRESS	1		100000000000000000000000000000000000000	NAME STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH, TX 76107			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.						

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR