

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

FILED
Mar 21 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 # F93000003099 (9)

1. Corporation Name
MIDLAND SOUTHWEST CORPORATION



Principal Place of Business

**407 NORTH BIG SPRING
 SUITE 300
 MIDLAND TX 79701
 US**

Mailing Address

**PO DRAWER 11390
 MIDLAND TX 79702-8390
 US**

3. Date Incorporated or Qualified

07/06/1993

3a. Date of Last Report

02/14/1996

2. Principal Place of Business

21. Sube, Apt. #, etc.
 City & State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.
 City & State

28. Zip Country

29. Zip Country

4. FEI Number

75-2459066

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

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	WOMMACK, H H III	
STREET ADDRESS	#3 WILLOWCOURT	
CITY- ST- ZIP	MIDLAND TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COGGIN, BILL E	
STREET ADDRESS	600 WEST FOURTH STREET	
CITY- ST- ZIP	STANTON TX	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COREY, H. ALLEN	
STREET ADDRESS	906 WEST BROW ROAD	
CITY- ST- ZIP	LOOKOUT MOUNTAIN TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	79705
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	79782
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	37350
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

1/6/97

915/686 9927

Signature and Title of Primary Name of Signing Officer or Director

Date Daytime Phone

CR2E034 (9/96)