

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 28 PM 5:56**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # F93000005897 (4)**

1. Corporation Name

**PARKHILL SMITH & COOPER, INC.**

Principal Place of Business

**4010 AVENUE R  
LUBBOCK TX 79412**

Mailing Address

**4010 AVENUE R  
LUBBOCK TX 79412**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**12/28/1993**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**75-1156936**

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

Country

**24**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**CAPITAL CONNECTIONS  
417 E. VIRGINIA ST.  
SUITE 1  
TALLAHASSEE FL 32301**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                           |
|-----------------|---------------------------|
| TITLE           | <b>P</b>                  |
| NAME            | <b>YEAGER, C C</b>        |
| STREET ADDRESS  | <b>8005 BRENTWOOD</b>     |
| CITY - ST - ZIP | <b>LUBBOCK TX 79424</b>   |
| TITLE           | <b>V</b>                  |
| NAME            | <b>KNORR, DANIEL B</b>    |
| STREET ADDRESS  | <b>1811 BEN HOGAN DR.</b> |
| CITY - ST - ZIP | <b>EL PASO TX 79935</b>   |
| TITLE           | <b>ST</b>                 |
| NAME            | <b>KELLEY, JOHN S</b>     |
| STREET ADDRESS  | <b>2904 69TH ST.</b>      |
| CITY - ST - ZIP | <b>LUBBOCK TX 79424</b>   |
| TITLE           | <b>D</b>                  |
| NAME            | <b>DAVIS, EDWIN E</b>     |
| STREET ADDRESS  | <b>5438 78TH ST.</b>      |
| CITY - ST - ZIP | <b>LUBBOCK TX 79424</b>   |
| TITLE           | <b>D</b>                  |
| NAME            | <b>CLAYTON, DENNIS W</b>  |
| STREET ADDRESS  | <b>2509 54TH ST.</b>      |
| CITY - ST - ZIP | <b>LUBBOCK TX 79413</b>   |
| TITLE           | <b>D</b>                  |
| NAME            | <b>WOMACK, R K</b>        |
| STREET ADDRESS  | <b>5713 HEARTLAND</b>     |
| CITY - ST - ZIP | <b>MIDLAND TX 79707</b>   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                              |
| 1.3 STREET ADDRESS  | <b>4014 94th Street</b>                                                      |
| 1.4 CITY - ST - ZIP | <b>Lubbock, Texas 79423</b>                                                  |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                                                                              |
| 2.3 STREET ADDRESS  |                                                                              |
| 2.4 CITY - ST - ZIP |                                                                              |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                                                                              |
| 3.3 STREET ADDRESS  |                                                                              |
| 3.4 CITY - ST - ZIP |                                                                              |
| 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 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 this 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: **C. Clayton Yeager**

**4-20-95**

**(806)747-0161**

SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR

Date

(Type in Block 4)

**PARKHILL SMITH & COOPER, INC.**

**BLOCK 12 - Continuation Sheet**  
**Corporation Annual Report 1995**

-F93006605 897

**D**

**Royce L. Gooch**  
**6913 Andover Drive**  
**Amarillo, Tx 79109**