

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

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**Apr 24 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 # F95000001376 (1)

1. Corporation Name
BROCKETTE/DAVIS/DRAKE, INC.



Principal Place of Business
4144 N. CENTRAL EXPRESSWAY SUITE 1100 DALLAS TX 75204

Mailing Address
4144 N. CENTRAL EXPRESSWAY SUITE 1100 DALLAS TX 75204-2107

3. Date Incorporated or Qualified **03/22/1995** 3a. Date of Last Report **05/01/1996**

4. FEI Number **75-1246592** 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JACK R	1.2 NAME	
STREET ADDRESS	4144 N. CENTRAL EXPRESSWAY, STE 1100	1.3 STREET ADDRESS	
CITY, ST, ZIP	DALLAS TX	1.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PILBURN JR, JOHN R	2.2 NAME	
STREET ADDRESS	4144 N. CENTRAL EXPRESSWAY, STE 1100	2.3 STREET ADDRESS	
CITY, ST, ZIP	DALLAS TX	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCKETTE, JOE F	3.2 NAME	
STREET ADDRESS	4144 N. CENTRAL EXPRESSWAY, STE 1100	3.3 STREET ADDRESS	
CITY, ST, ZIP	DALLAS TX	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, GARY G	4.2 NAME	
STREET ADDRESS	4144 N. CENTRAL EXPRESSWAY, STE 1100	4.3 STREET ADDRESS	
CITY, ST, ZIP	DALLAS TX	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, ROBERT E	5.2 NAME	
STREET ADDRESS	4144 N. CENTRAL EXPRESSWAY, STE 1100	5.3 STREET ADDRESS	
CITY, ST, ZIP	DALLAS TX	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ROBERT G	6.2 NAME	
STREET ADDRESS	4144 N. CENTRAL EXPRESSWAY, STE 1100	6.3 STREET ADDRESS	
CITY, ST, ZIP	DALLAS TX	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:

Jack B. Davis
SIGNATURE (Typed or Printed Name of Signing Officer or Director)
Jack B. Davis

4/16/97
Date

214-824-3647
Daytime Phone #

0494483

CR2E034 (9/96)