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Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P20282** (0)  
1. Corporation Name  
**PARKER KINETIC DESIGNS, INC.**

Principal Place of Business Mailing Address  
**5806 MESA DR** **5806 MESA DR**  
**SUITE 335** **335**  
**AUSTIN TX 78731-3742** **AUSTIN TX 78731-3742**  
**US** **US**



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

3. Date Incorporated or Qualified **08/01/1988** 3a. Date of Last Report **02/27/1996**  
4. FEI Number **73-1230447** 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

**THE PRENTICE HALL CORPORATION SYSTEM**  
**110 NORTH MAGNOLIA STREET**  
**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 type for printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DRUMMOND, CLIF W.	
STREET ADDRESS	8303 MOPAC BLVD. #240	
CITY-ST-ZIP	AUSTIN TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WELDON, JAMES W.	
STREET ADDRESS	8303 MOPAC BLVD. #240	
CITY-ST-ZIP	AUSTIN TX	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	HART, JAMES E.	
STREET ADDRESS	EAST HIGHWAY 80	
CITY-ST-ZIP	ODESSA TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HARRIS, DONNA AAMA	
STREET ADDRESS	700 LOUISIANA, S-4800	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKER, ROBERT L.	
STREET ADDRESS	8 EAST THIRD STREET	
CITY-ST-ZIP	TULSA OK	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KUCHARSKI, KATHY J	
STREET ADDRESS	8 EAST THIRD ST	
CITY-ST-ZIP	TULSA OK	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Davis, James J.	
1.3 STREET ADDRESS	8 East Third Street	
1.4 CITY-ST-ZIP	Tulsa, OK 74103	
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 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: *James J. Davis* JAMES J. DAVIS

4-14-97

918-585-8221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0496363

CR2E034 (9/96)