

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P22789

(2)

1. Corporation Name

CARTER & BURGESS, INC.

Principal Place of Business

Mailing Address

3880 HULEN
FT. WORTH TX 76107

P.O. BOX 885006
FT. WORTH TX 76185



3. Date Incorporated or Qualified

03/02/1989

3a. Date of Last Report

08/09/1995

4. FEI Number

75-1246210

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

9. Name and Address of Current Registered Agent

ATTN: MURRY A. BULLION
2182 MCGREGOR BLVD.
STE. 29
FT. MYERS FL 33901

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 agent, 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 the applicable

(If the Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ALLEN, JERRY W.
STREET ADDRESS 3880 HULEN
CITY-ST-ZIP FT. WORTH TX

☐ DELETE

TITLE VD
NAME BRADFORD, BART S.
STREET ADDRESS 3008 HULEN
CITY-ST-ZIP FT. WORTH TX

☒ DELETE

TITLE VD
NAME AUGHINBAUGH, JOHN R
STREET ADDRESS 3880 HULEN
CITY-ST-ZIP FT. WORTH TX

☐ DELETE

TITLE CD
NAME HAMMOND, WILTON N.
STREET ADDRESS 3880 HULEN
CITY-ST-ZIP FT. WORTH TX

☐ DELETE

TITLE V
NAME REYNOLDS, ROBERT, M
STREET ADDRESS 3880 HULEN
CITY-ST-ZIP FT. WORTH TX

☐ DELETE

TITLE VS
NAME KARR, RUSSELL A
STREET ADDRESS 3880 HULEN
CITY-ST-ZIP FT. WORTH TX

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

VICE-PRESIDENT
STONE THOMAS J.
3880 HULEN ST.
FT. WORTH, TX 76107

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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-08/19/96--01013--030
***375.00

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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R. M. Reynolds / Robert N. Reynolds 8/7/96 (817) 735-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)