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

**PROFIT** CORPORATION

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

|   | JAL REPO<br><b>1996</b>                                     | ית ו  |  |   | Secre<br>DIVISION OF   | •  |  | NS   |   |                    |                                   |                            |  |
|---|---|---|--|---|--|--|--|--|---|--------------------|-----------------------------------|----------------------------|--|
| OCUI<br>Corporation   | MENT i  | #   | P2388  | 8   | (1)  |  |  |  |   |                    |                                   |                            |  |
|   |   | E CON   | NSTRUCTIO  | N COMP  | ANY, INC.  |  |  |  |   |                    |                                   |                            |  |
| ncipal Place  | of Business   |   |  | Mailing                                       | Address  | **   |  |  |   |                    |                                   |                            | OLDIE OLDIE HADI   |
| RT 3 BOX 3253   |   |   |  | RT !  | 3 BOX 3253   |  |  |  |   |                    |                                   |                            |  |
| BEN WHEE  | LER TX 75754-   | 9742  |  | BEN   | WHEELER TX 7   | 5754-9742  |  |  |   |                    |                                   |                            |  |
|   |   |   |  |   |  |  |  |  | 3. Date Incorporated or Qualif 04/14/1989                                     | ed 3               | Date of <b>05/</b>                | Last Re<br>01/19           |  |
| Principal Pla   | lace of Busines   | is  |  | <b>⊢</b> ¬                                    | ling Address   |  |  |  | 4. FEI Number   |                    |                                   |                            | Applied For  |
| Suite, Apt.   | # etc   |   |  | 26 Shrift                                     | te, Apt. #, etc.   | <del></del>  |  |  | 75-1963589  |                    |                                   |                            | Not Applicable  Additional   |
| 20. to   . q m.   | 7 200   |   |  | 27  | 10,741. 11,010.  |  |  |  | 5. Certificate of Status Desired  | ı [                | ) '                               | •                          | Required   |
| Oity & State  | e   |   |  | City <b>28</b>                                | & State  |  |  |  | Election Campaign Financin     Trust Fund Contribution                        | g C                | )                                 |                            | May Be<br>I to Fees  |
| <b>/</b> ip<br>   |   | Coun<br>[5]   | ·<br>  | <b>29</b>                                     |  | 30 Cou   | ntry   |  |   | Yes 🗀              | ]No                               |                            | 199.032,   |
|   | 9. Name a   | ina Ada   | ress of Current  | Hegistere                                     | a Agent  |  | 81   | Name   | 10. Name and Address of Ne  | w Regi             | stered Ag                         | ent                        |  |
| CT CO   | RPORATION   | SYSTE   | M  |   |  |  |  |  | ress (P.O. Box Number is Not Acce   | ntable)            |                                   |                            |  |
|   | . PINE ISLAI  |   |  |   |  |  |  | Street Addi  | Tess (F.O. BOX NUMBER IS NOT Acce   | раою               |                                   |                            |  |
| PLANT/  | ATION FL 33   | 3324  |  |   |  |  | 83   |  |   |                    |                                   |                            |  |
|   |   |   |  |   |  | I  |  |  |   |                    |                                   |                            | <del></del>  |
| or register   | red agent, or b   | iolh, in th   | ie State of Florida  | a. Such cha                                   | nge was authori  | ed by the c  | ve-па  | City<br>amed corpor<br>ration's boa  | ration submits this statement for the<br>rd of directors. I hereby accept the | purpos<br>appointr | e of chang                        | na its r                   | Code<br>egistered offic<br>agent. I am   |
| or register<br>familiar wi  | red agent, or b<br>ith, and accept                          | oth, in the obliq                                       | ne State of Florida<br>gations of, Section<br>a of registeric agest a  | a. Such cha<br>on 607,0505<br>and the Papplea | nge was authori<br>s, Florida Statute<br>ne (N                     | ed by the c<br>3.<br>OTE: Registered   | ve-na<br>corpor  | amed corpor<br>ration's boa  | ard of directors. I hereby accept the   | appointr           | e of chang<br>nent as rec         | ing its ri<br>gistered     | egistered offic<br>agent. I am   |
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Mickey Redwine

ED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/20/96

Date

903/849-2747

Daytinie Phone #