## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P24990

(4)

		CAL & INSTRI	umentation, inc.	<del>"</del> )							
Principal Plac	e of Business		Mailing Addres	Mailing Address						HEIL BIBII BIBII BEB	ii didii iddi
622 COMMERCE STREET			622 COMMERCI	622 COMMERCE STREET							
CLUTE TX 775	531		GLUTE TX 7753	CLUTE TX 77531				DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualific		Date of Last F	Zanori
								06/23/1989		05/01/1996	•
2. Principal P	Place of Busin	OSS .	2a. Mailing Add	ross				4. FEI Number			pplied For
21				26				74-2077569		<u> </u>	ot Applicable
Suite, Apt.	#, etc		· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.							Additional
22			27	27				5. Certificate of Status Desired		Fee R	equired
City & Stat	le		City & State	City & State				6. Election Campaign Financing		\$5.00	May Be
23			28	28			Trust Fund Contribution Added to Fees				
Zip	Zip		7ip			Country		8. This corporation owes or has	paid the		
24				29 30				Personal Properly Tax due June 30.  Yes X No			
			urrent Registered Agent		81	Name		10. Name and Address of New	Registere	ed Agent	
		ION SYSTEM			01	Name					
		SLAND ROAD					Addre	ss (P.O. Box Number is Not Accep	lable)		
PLA	INTATION F	L 33324		63							
					63						
					84	City			F	<b>85</b> Zip	Code
11. Pursuant	to the provisi	ons of Sections 60	7.0502 and 607.1508, Flor	ida Statutes, th	e abov	J ø-named	corpo	ration submits this statement for th			ts registered
office or r	registered age en familiar wit	ent, or both, in the h_and accept the	State of Florida, Such cha obligations of, Section 607	nge was author ' 0505. Elorida	rized by Statute:	y the corp s	poratio	ration submits this statement for th n's board of directors. I hereby ac	pept the a	appointment as	registered
SIGNATURE		.,	and games and a west on Ber			•					
SIGNATURE	Signature, typed	or printed name of register	red agest and tillout applicable	(NOTE: Bege	stered Age	ont signature	required	(when reinstaling)	DATE	E	
12.		OFFICER	S AND DIRECTORS		13.			ADDITIONS/CHANGES TO OF	FICERS A		
TITLE	VD	15001 6	<u></u>	ELETE 1	1.1 TITLE					L_ Change	Addition
NAME		., LYNN D.		1	1.2 NAME						
STREET ADDRESS		ERCREEK		1	1.3 STREET	ADDRESS					
CITY-ST-ZIP		CKSON TX			1 4 CHTY - S	S1 - ZIP		·			
TITLE	SD	WARLENE CAYE	, XI	ELETE 2	21 TITLE					☐ Change	Addition
			;H		2 2 NAME		}				
STREET ADDRESS	260 FAW				2.3 STREET	ADDRESS					
CITY-ST-ZIP		CKSON TX	——————————————————————————————————————		2. 4 CITY -	ST - ZIP			<del></del>		1 de dices
TITLE	HONICAL	DODEDT	L.) t		3.1 TITL€		517	10		Change	☐ Acdition
NAME		., robert Dwwood			3.2 NAME						
STREET ADDRESS		CKSON TX		1		ADDRESS	1				
CITY-ST-ZIP	P	DROUN IX			3.4. CITY-1	\$1 - ZIP	<del> </del>			☐ Change	Addition
TITLE		., HAROLD			4.1 TITLE		ĺ			[_] Griange	T3 Vacation
NAME CYDEET ADDRESS		RRYWOOD		1	4 2 NAME	ADDDCCC					
STREET ADDRESS		CKSON TX				ADDRESS					
CITY-ST-ZIP TITLE	D	ZIIVVII IN	<b>,</b>		4.4 CITY - S 5.1 TITLE	ot · Zil"	<del> </del>			Change	Addition
NAME	LEXTON,	LARRY			5.2 NAME		50	was lago.		A Acrondo	
STREET ADDRESS	622 COM			1		ADDRESS	عر	rton, Larry			
CITY-ST-ZIP	CLUTE T				5 4 CITY - S						
TITLE		·			6.1 TITLE	,,	ļ			Change	Addition
NAME					G.2 NAME					· · · · · · · · · · · · · · · · ·	
STREET ADDRESS	1					ADDRESS					
CITY ST. 7ID				1,	SA CITY.				•		

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:

RG Thomas

(ROBERT MODULAL)

0/2/97

409-265-7451

**FILED** 

Sep 17 1997 8:00am

Secretary of State