


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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90085 001 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000030567

1. Corporation Name  
CANTERBURY CORPORATION

Principal Place of Business 1800 WEST LOOP SOUTH HOUSTON TX 77027	Mailing Address P.O. BOX 2863 HOUSTON TX 77252
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10707 Clay Road Suite, Apt. #, etc. 22 City & State 23 Houston, Texas Zip 24 77041 Country 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 04/19/1994 4. FEI Number 59-3236245 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLAN, FRANCIS J	1.2 NAME	
STREET ADDRESS	3260 UNIVERSITY BLVD., SUITE 200	1.3 STREET ADDRESS	1241 Semoran Boulevard, Unit 185
CITY-ST-ZIP	WINTER PARK FL 32792	1.4 CITY-ST-ZIP	Casselberry, Florida 32701
TITLE	VPS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROEDEL, WAYNE N	2.2 NAME	
STREET ADDRESS	3260 UNIVERSITY BLVD., SUITE 200	2.3 STREET ADDRESS	1241 Semoran Boulevard, Unit 185
CITY-ST-ZIP	WINTER PARK FL 32792	2.4 CITY-ST-ZIP	Casselberry, Florida 32701
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANGWISCH, EDWARD R	3.2 NAME	
STREET ADDRESS	3260 UNIVERSITY BLVD., SUITE 200	3.3 STREET ADDRESS	1241 Semoran Boulevard, Unit 185
CITY-ST-ZIP	WINTER PARK FL 32792	3.4 CITY-ST-ZIP	Casselberry, Florida 32701
TITLE	VPAS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, STEVE E	4.2 NAME	
STREET ADDRESS	1800 WEST LOOP SOUTH	4.3 STREET ADDRESS	10707 Clay Road
CITY-ST-ZIP	HOUSTON TX 77027	4.4 CITY-ST-ZIP	Houston, Texas 77041
TITLE	VPAS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAUGHTER, RICHARD G	5.2 NAME	
STREET ADDRESS	1800 WEST LOOP SOUTH	5.3 STREET ADDRESS	10707 Clay Road
CITY-ST-ZIP	HOUSTON TX 77027	5.4 CITY-ST-ZIP	Houston, Texas 77041
TITLE	VPAS <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRUEH, GARY L	6.2 NAME	
STREET ADDRESS	1800 WEST LOOP SOUTH	6.3 STREET ADDRESS	10707 Clay Road
CITY-ST-ZIP	HOUSTON TX 77027	6.4 CITY-ST-ZIP	Houston, Texas 77041

14. I 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, with all other like empowered.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven E. Lane 4/9/99

713/877-2425

Date

Daytime Phone #

CR2E034 (11/98)