

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 826957 (3)

1. Corporation Name
H.B. ZACHRY COMPANY

Principal Place of Business 527 LOGWOOD P. O. BOX 21130 SAN ANTONIO TEXAS 78221	Mailing Address 527 LOGWOOD P. O. BOX 21130 SAN ANTONIO TEXAS 78221
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	29. Country
30. Country	

3. Date Incorporated or Qualified
11/01/1971

4. FEI Number
74-0998570

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	EBP	<input type="checkbox"/> DELETE
NAME	EBROM, CHARLES	
STREET ADDRESS	213 SHEFFIELD PLACE	
CITY-ST-ZIP	SAN ANTONIO, TX 00000	
TITLE	VPC	<input type="checkbox"/> DELETE
NAME	LOZANO, JOE J.	
STREET ADDRESS	2758 WHISPER PATH	
CITY-ST-ZIP	SAN ANTONIO, TX 00000	
TITLE	COB	<input type="checkbox"/> DELETE
NAME	ZACHRY, H B JR	
STREET ADDRESS	7603 SHADYLANE	
CITY-ST-ZIP	SAN ANTONIO, TX 00000	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	ORNELAS, GONZALEZ	
STREET ADDRESS	2511 RESTON	
CITY-ST-ZIP	SAN ANTONIO, TX 00000	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	JOHNSTON JR., MURRAY L.	
STREET ADDRESS	306 KENNEDY AVE.	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MANNING, KEITH	
STREET ADDRESS	8479 ROMEY	
CITY-ST-ZIP	SAN ANTONIO TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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: *Joe J. Lozano* 4-2-98 210-475-8000

CR2E034 (10/97)