

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

**FILED**

**Jan 28 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 855111 (1)**

**HATFIELD HALCOMB, INC.**



Principal Place of Business: **14951 DALLAS PKWY. SUITE 200 DALLAS TX 75240 US**  
Mailing Address: **14951 DALLAS PKWY. SUITE 200 DALLAS TX 75240-7570 US**

3. Date Incorporated or Qualified: **12/27/1982**  
3a. Date of Last Report: **04/16/1996**  
4. FEI Number: **75-1362268**  
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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

**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 **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 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 required prior to filing. 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: PD	NAME: HALCOMB, JERRY L.	<input type="checkbox"/> DELETE
STREET ADDRESS: 14951 DALLAS PKWY., SUITE 200	CITY-STATE-ZIP: DALLAS TX	
TITLE: SD	NAME: STEWART, JAMES H., JR.	<input type="checkbox"/> DELETE
STREET ADDRESS: 14951 DALLAS PKWY., SUITE 200	CITY-STATE-ZIP: DALLAS TX	
TITLE: D	NAME: CRANDELL, JAMES, E, JR	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 14951 DALLAS PKWY., SUITE 200	CITY-STATE-ZIP: DALLAS TX	
TITLE: D	NAME: MCCONNELL, JONES C. JR.	<input type="checkbox"/> DELETE
STREET ADDRESS: 14951 DALLAS PKWY., SUITE 200	CITY-STATE-ZIP: DALLAS TX	
TITLE: VP	NAME: J DAVID SHANKS	<input type="checkbox"/> DELETE
STREET ADDRESS: 14951 DALLAS PKWY, SUITE 200	CITY-STATE-ZIP: DALLAS TX	
TITLE: D	NAME: BRUCE WOODY	<input type="checkbox"/> DELETE
STREET ADDRESS: 14951 DALLAS PKWY, SUITE 200	CITY-STATE-ZIP: DALLA TX	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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 included 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 its 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 in an attachment with an address.

**SIGNATURE:**

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97 972 404-1034  
Date Daytime Phone #

CR2E034 (9/96)