

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 3:55

DOCUMENT # **F70522** (0)

1. Corporation Name
THE OKAHUMPKA CORPORATION

Principal Place of Business Mailing Address
2550 WALNUT HILL LANE SUITE 200 2550 WALNUT HILL LANE SUITE 200
DALLAS TX 75229-2633 DALLAS TX 75229-2633

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/10/1982	03/07/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2175759	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				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 _____ DATE _____
Signature, typed or printed name of registered agent and title, as required. (P. 21E) Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURGESS, THOMAS W.	12 NAME	
STREET ADDRESS	2550 WALNUT HILL LN #200	13 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX	14 CITY - ST - ZIP	
TITLE	PD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, FERGUS J.	22 NAME	
STREET ADDRESS	2550 WALNUT HILL LN #200	23 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX	24 CITY - ST - ZIP	
TITLE	VPD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINTON, ROBERT M	32 NAME	
STREET ADDRESS	2550 WALNUT HILL LN	33 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX	34 CITY - ST - ZIP	
TITLE	AS	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, CURTIS W.	42 NAME	
STREET ADDRESS	2550 WALNUT HILL LN #200	43 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX	44 CITY - ST - ZIP	
TITLE	TAS	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKPATRICK, J. MARK	52 NAME	
STREET ADDRESS	2550 WALNUT HILL LN #200	53 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX	54 CITY - ST - ZIP	
TITLE	S	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, PAUL L	62 NAME	
STREET ADDRESS	2550 WALNUT HILL LANE #200	63 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 registrar or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or of an alternate mailing address.

SIGNATURE: *J. Mark Kirkpatrick* TREASURER 3/20/95 214-353-3606
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCIAL OFFICER OR DIRECTOR
J. MARK KIRKPATRICK