

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F70522** (0)

1. Corporation Name
THE OKAHUMPKA CORPORATION



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

3. Date Incorporated or Qualified: **03/10/1982** 3a. Date of Last Report: **03/28/1995**
4. FEI Number: **59-2175753** Applied For: Not Applicable
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. State, Apt. #, etc.: 22. City & State: 23. Zip: Country: 24. 25. 26. Mailing Address: 27. State, Apt. #, etc.: 28. City & State: 29. Zip: Country: 30.

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: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	STURGESS, THOMAS W.	
STREET ADDRESS	2550 WALNUT HILL LN #200	
CITY, STATE, ZIP	DALLAS TX	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WALKER, FERGUS J.	
STREET ADDRESS	2550 WALNUT HILL LN #200	
CITY, STATE, ZIP	DALLAS TX	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LINTON, ROBERT M	
STREET ADDRESS	2550 WALNUT HILL LN	
CITY, STATE, ZIP	DALLAS TX	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GILMORE, CURTIS W.	
STREET ADDRESS	2550 WALNUT HILL LN #200	
CITY, STATE, ZIP	DALLAS TX	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	KIRKPATRICK, J. MARK	
STREET ADDRESS	2550 WALNUT HILL LN #200	
CITY, STATE, ZIP	DALLAS TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BARRETT, PAUL L	
STREET ADDRESS	2550 WALNUT HILL LANE #200	
CITY, STATE, ZIP	DALLAS TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, STATE, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, STATE, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, STATE, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, STATE, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, STATE, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, STATE, 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 119.07(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. I am an officer or director of the corporation, the registered agent or I have been empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. I am not changing my name or address.

SIGNATURE: *J. Mark Kirkpatrick* **TREASURER** 1/16/96 214-353-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **J. MARK KIRKPATRICK**

CR2E034 (12/95)