

2-26-91 B-2539 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F70522 (0)
 1. Corporation Name
THE OKAHUMPKA CORPORATION



Principal Place of Business 2550 WALNUT HILL LANE SUITE 200 DALLAS TX 75229-2623-	Mailing Address 2550 WALNUT HILL LANE SUITE 200 DALLAS TX 75229-2624
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3. Date Incorporated or Qualified 03/10/1982	3a. Date of Last Report 02/14/1996
4. FEI Number 59-2175753	Applied For Not Applicable
6. 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2701 UNIVERSITY DR Suite, Apt. #, etc. 22 SUITE 320 City & State 23 AUBURN HILLS MI Zip 24 48326	2a. Mailing Address 26 2701 UNIVERSITY DR Suite, Apt. #, etc. 27 SUITE 320 City & State 28 AUBURN HILLS MI Zip 29 48326
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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
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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 fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	STURGESS, THOMAS W.	
STREET ADDRESS	2550 WALNUT HILL LN #200	
CITY-ST-ZIP	DALLAS TX	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, FERGUS J.	
STREET ADDRESS	2550 WALNUT HILL LN #200	
CITY-ST-ZIP	DALLAS TX	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LINTON, ROBERT M	
STREET ADDRESS	2550 WALNUT HILL LN	
CITY-ST-ZIP	DALLAS TX	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GILMORE, CURTIS W.	
STREET ADDRESS	2550 WALNUT HILL LN #200	
CITY-ST-ZIP	DALLAS TX	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	KIRKPATRICK, J. MARK	
STREET ADDRESS	2550 WALNUT HILL LN #200	
CITY-ST-ZIP	DALLAS TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BARRETT, PAUL L	
STREET ADDRESS	2550 WALNUT HILL LANE #200	
CITY-ST-ZIP	DALLAS 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2701 UNIVERSITY DR SUITE 320
2.4 CITY-ST-ZIP	AUBURN HILLS, MI 48324
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	2701 UNIVERSITY DR SUITE 320
4.4 CITY-ST-ZIP	AUBURN HILLS MI 48324
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	2701 UNIVERSITY DR SUITE 320
5.4 CITY-ST-ZIP	AUBURN HILLS MI 48324
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	2701 UNIVERSITY DR SUITE 320
6.4 CITY-ST-ZIP	AUBURN HILLS MI 48324

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, as changed, or on an attachment with an address.

SIGNATURE: *Mark Barrett* 810-340-9090
Signature: typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)