

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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90010 039 ***150.00

1/23/99

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F93000005665

1. Corporation Name
PAUL & ASSOCIATES, INC.



Principal Place of Business
5620 OLD BULLARD RD
128
TYLES TX 75703
US

Mailing Address
5620 OLD BULLARD RD
128
TYLER TX 75703
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/14/1993

4. FEI Number
75-2364730

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	CAUTHEN, JANIE	
STREET ADDRESS	5620 OLD BULLARD RD, STE 128	
CITY-ST-ZIP	TYLER TX 75703	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, CLAYTON W	
STREET ADDRESS	212 GRANDE BLVD., STE. A-210	
CITY-ST-ZIP	TYLER TX 75703	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	MAYFIELD, JEFFREY P	
STREET ADDRESS	5620 OLD BULLARD RD STE128	
CITY-ST-ZIP	TYLER TX 7503	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jeffrey P. Mayfield	
1.3 STREET ADDRESS	5620 OLD BULLARD RD #128	
1.4 CITY-ST-ZIP	Tyler, TX 75703	
2.1 TITLE	VTSO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JANIE CAUTHEN	
2.3 STREET ADDRESS	5620 OLD BULLARD RD.	
2.4 CITY-ST-ZIP	TYLER, TX 75703	
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, with all other like empowered.

SIGNATURE: Jeffrey P. Mayfield JEFFREY P. MAYFIELD 1-22-99 9035818322
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)