

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

**FILED**  
**May 02 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 # P94000030567 (9)**

1. Corporation Name  
**CANTERBURY CORPORATION**



Principal Place of Business  
**1800 WEST LOOP SOUTH  
 HOUSTON TX 77027**

Mailing Address  
**P.O. BOX 2863  
 HOUSTON TX 77252-2863**

3. Date Incorporated or Qualified **04/19/1994**      3a. Date of Last Report **04/30/1996**

2. Principal Place of Business      2a. Mailing Address

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      28. Zip      29. Country      30. Country

4. FEI Number **59-3236245**      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

9. Name and Address of Current Registered Agent

**C T 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      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      Signature (typed or printed name of registered agent and title if applicable)      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>DOLAN, FRANCIS J</b>	
STREET ADDRESS	<b>3260 UNIVERSITY BLVD., SUITE 200</b>	
CITY - ST - ZIP	<b>WINTER PARK FL 32782</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> DELETE
NAME	<b>BROEDEL, WAYNE N</b>	
STREET ADDRESS	<b>3260 UNIVERSITY BLVD., SUITE 200</b>	
CITY - ST - ZIP	<b>WINTER PARK FL 32782</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>GANGWISCH, EDWARD R</b>	
STREET ADDRESS	<b>3260 UNIVERSITY BLVD., SUITE 200</b>	
CITY - ST - ZIP	<b>WINTER PARK FL 32782</b>	
TITLE	<b>VPAS</b>	<input type="checkbox"/> DELETE
NAME	<b>LANE, STEVE E</b>	
STREET ADDRESS	<b>1800 WEST LOOP SOUTH</b>	
CITY - ST - ZIP	<b>HOUSTON TX 77027</b>	
TITLE	<b>VPAS</b>	<input type="checkbox"/> DELETE
NAME	<b>SLAUGHER, RICHARD G</b>	
STREET ADDRESS	<b>1800 WEST LOOP SOUTH</b>	
CITY - ST - ZIP	<b>HOUSTON TX 77027</b>	
TITLE	<b>VPAS</b>	<input type="checkbox"/> DELETE
NAME	<b>FRUEH, GARY L</b>	
STREET ADDRESS	<b>1800 WEST LOOP SOUTH</b>	
CITY - ST - ZIP	<b>HOUSTON TX 77027</b>	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 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 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.

SIGNATURE: *Steve Lane*      April 18, 1997      713/877-2311  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day/Year/Phone #

CR2E034 (9/96)