

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90049 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 850250

1. Corporation Name
H. C. PRICE CO.



Principal Place of Business 5353 ALPHA ROAD DALLAS TX 75240	Mailing Address 5353 ALPHA ROAD DALLAS TX 75240
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 15660 N Dallas Parkway Suite, Apt. #, etc. 22 Suite 300 City & State 23 Dallas TX Zip 24 75248	2a. Mailing Address 26 15660 N Dallas Parkway Suite, Apt. #, etc. 27 Suite 300 City & State 28 Dallas TX Zip 29 75248	Country 25 USA 30 USA
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3. Date Incorporated or Qualified 08/21/1981	4. FEI Number 73-1103884	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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No		

9. Name and Address of Current 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 607.05(2) 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

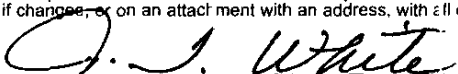
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	WHITE, J THOMAS	1.2 NAME	
STREET ADDRESS	5353 ALPHA ROAD	1.3 STREET ADDRESS	15660 N Dallas Prkwy #300
CITY-ST-ZIP	DALLAS TX	1.4 CITY-ST-ZIP	Dallas TX 75248
TITLE	CD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	PRICE, H. CHARLES	2.2 NAME	
STREET ADDRESS	5353 ALPHA ROAD	2.3 STREET ADDRESS	15660 N Dallas Prkwy #300
CITY-ST-ZIP	DALLAS TX	2.4 CITY-ST-ZIP	Dallas TX 75248
TITLE	VST ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	LEWIS, VICKI L.	3.2 NAME	
STREET ADDRESS	5353 ALPHA ROAD	3.3 STREET ADDRESS	15660 N Dallas Prkwy #300
CITY-ST-ZIP	DALLAS TX	3.4 CITY-ST-ZIP	Dallas TX 75248
TITLE	SR VP ☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	CLYDE S. HARDWICK, JR.	4.2 NAME	
STREET ADDRESS	15660 N. Dallas Prkwy #300	4.3 STREET ADDRESS	15660 N. Dallas Prkwy #300
CITY-ST-ZIP	Dallas TX	4.4 CITY-ST-ZIP	Dallas TX 75248
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 change, or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99

Date

972-858-8800

Daytime Phone #

CR2E034 (11/98)