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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H24291

PEBBLE CREEK SERVICE CORPORATION

Mailing Address Principal Place of Business 19651 BRUCE B. DOWNS 2929 ALLEN PKWY SUITE A 1-5 A36-01 DO NOT WRITE IN THIS SPACE TAMPA FL 33647 HOUSTON TX 77019 3. Date Incorporated or Qualifed US 10/05/1984 2. Principal Place of Business Applied For 2a. Mailing Address Not Applicable 59-2478284 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired П Fee Required 27 22 City & State City & State \$5.00 May Be Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Zip 8. This corporation owes the current year Intangible Zip Country □No Personal Property Tax. 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 82 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** 83 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034.(11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change XX Addition DELETE 1.1 TITLE TITI F 1.2 NAME MASK, W. LARRY NAME W. Larry Mask 2929 ALLEN PKWY 1.3 STREET ADDRESS STREET ADDRESS 2929 Allen Parkway 1.4 CITY-ST-ZIP Houston, Texas 77019 CITY-ST-ZIP HOUSTON TX 77019 DELETE Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NEIGHBORS, PATRICIA W. NAME 2.3 STREET ADDRESS STREET ADDRESS 2929 ALLEN PKWY 2.4 CITY-ST-ZIP HOUSTON TX 77019 CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE 32 NAME SOUFAN, JAMILEH B NAME 2929 ALLEN PKWY 3.3 STREET ADDRESS STREET ADDRESS HOUSTON TX 3.4. CITY-ST-ZIP CITY-ST-ZIP XIX Addition ☐ Change ☐ DELETE 41 TITLE TITLE Assistant Secretary 4. 2 NAME NAME Susan G. Miller 4.3 STREET ADDRESS 2929 Allen Parkway STREET ADDRESS Houston, Texas 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

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 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Patricia LW TINeighbors, Secretary ED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4/5/99

713-522-1111

☐ Change

☐ Addition