SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Sep 21, 1999 8:00 am
Secretary of State
09-21-1999 90022 012 ***550.00

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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **F97000003274**

1. Corporation Name
2660 GULF TO BAY BOULEVARD, INC.

Principal Place of Business	Mailing Address
314 MAINE STE. #3 LEWISVILLE TX 75027 US	P.O. BOX 293295 LEWISVILLE TX 75029 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1997

2. Principal Place of Business	2a. Mailing Address
21 8008 Cedar Springs RD	26 P.O. Box 36122
22 Suite, Apt. #, etc. Suite #100	27 Suite, Apt. #, etc.
23 City & State DALLAS TX	28 City & State DALLAS, TX 75235
24 Zip 75235 25 Country USA	29 Zip 75235 30 Country USA

4. FEI Number: 75-2513540 ☐ 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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NRAI - SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301	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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	President	☑ Change ☐ Addition
NAME	DIMEO, STEVE		1.2 NAME	Sam Talkington	
STREET ADDRESS	12655 N. CENTRAL EXPY., #710		1.3 STREET ADDRESS	8008 Cedar Springs, Suite 100	
CITY-ST-ZIP	DALLAS TX 75243		1.4 CITY-ST-ZIP	Dallas, Tx 75235	
TITLE	VS	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TREVINO, OSCAR JR		2.2 NAME		
STREET ADDRESS	12655 N. CENTRAL EXPY., #710		2.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75243		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LAWHORNE, DONALD R		3.2 NAME		
STREET ADDRESS	12655 N. CENTRAL EXPY., #710		3.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75243		3.4 CITY-ST-ZIP		
TITLE	T	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DONALD A. THEESFELD		4.2 NAME		
STREET ADDRESS	314 W. MAINE STE. #3		4.3 STREET ADDRESS		
CITY-ST-ZIP	LEWISVILLE TX 75057		4.4 CITY-ST-ZIP		
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		

CR2E034 (5/99)

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.

SIGNATURE: Sam Talkington REQUIRED 9-8-99 214-351-0054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #