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FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90143 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 150877

1. Corporation Name
CENTEX-ROONEY CONSTRUCTION CO., INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 2728 N HARWOOD ST
 DALLAS TX 75201
 US

Mailing Address
 P.O. BOX 199000
 DALLAS TX 75219
 US

3. Date Incorporated or Qualified
04/30/1947

4. FEI Number
59-0605016

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 **2728 N. HARWOOD ST.**

22 Suite, Apt. #, etc.

23 **DALLAS, TX.**

24 Zip **75201** 25 Country **US**

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

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

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	V	<input type="checkbox"/> DELETE
NAME	WADE, FREDERICK E	
STREET ADDRESS	6300 NW 5TH WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMERGE, RAYMOND G	
STREET ADDRESS	2728 N HARWOOD ST	
CITY-ST-ZIP	DALLAS, TX 0 75201	
TITLE	TDV	<input type="checkbox"/> DELETE
NAME	ESPORRIN, GARY P	
STREET ADDRESS	6300 NW 5TH WAY	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	PDC	<input type="checkbox"/> DELETE
NAME	MOSS, BOB L.	
STREET ADDRESS	6300 NW 5TH WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SOUTHERN, RAYMOND C.	
STREET ADDRESS	6300 NW 5TH WAY	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	ERICKSON, JANET L.	
STREET ADDRESS	2728 N HARWOOD ST	
CITY-ST-ZIP	DALLAS TX 75201	

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 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: *Janet L. Erickson* **JANET L. ERICKSON** 4/2/99 (214) 981-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)