

FILED
Sep 08, 2004 8:00 am
Secretary of State

DOCUMENT # 250454

Mailing Address

P.O. BOX 1226
MARSHALL, TX 75671 US

3. Mailing Address

4307 Elusian Fields Ave

Suite, Apt. #, etc.

City & State

City & State
Marshall, Texas

Zip

75672

CR2E034 (10/03)

Applied For

Not Applicable

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete
NAME	PONDER, GENE	
STREET ADDRESS	1400 WARREN DRIVE	
CITY - ST - ZIP	MARSHALL, TX 75672	

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SMITH, ROBERT E	
STREET ADDRESS	1400 WARREN DRIVE	
CITY - ST - ZIP	MARSHALL, TX 75672	

TITLE	COOS	<input type="checkbox"/> Delete
NAME	PEARSON, ROBERT A	
STREET ADDRESS	1400 WARREN DRIVE	
CITY-ST-ZIP	MARSHALL, TX 75672	

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PACE, TONY	
STREET ADDRESS	1400 WARREN DRIVE	
CITY - ST - ZIP	MARSHALL, TX 75672	

TITLE	<u>Resident</u>	<input type="checkbox"/> Deleted
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4307 Elysian Fields
CITY - ST - ZIP	Marshall TX 75672

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	CAO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	4307 Elysian Fields		
CITY-ST-ZIP	Marshall TX 75672		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C00	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Rate K, Paul		
STREET ADDRESS	4307 Elysian Fields		
CITY-ST-ZIP	Marshall TX 75672		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

072504 903923115
Date Daytime Phone #