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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90161 038 ***150.00

	· · · · · · · · · · · · · · · · · · ·				
DOCUN 1. Corporation	MENT # 819438				
D. S. A.,	INC.				
Principal Place	of Business	Mailing Address		E INDIAN INION COME JASIC ASAND CITAL DESIL	MENTE MINEL NEWSE WINDS NIMIT SONE
207 N. RIDGEWAY		207 N. RIDGEWAY			
CLEBURNE TEXAS 76031		CLEBURNE TEXAS 76031			
				DO NOT WRITE IN THIS	3 SPACE
				3. Date Incorporated or Qualifed	
				03/16/1966 4. FEI Number	Applied For
2. Principal Place of Business		2a. Mailing Address		1	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		75-1218740	\$8.75 Additional
	#, etc.	27 Suite, Apr. #, etc.		5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	ntangible
24	25	29	10	Personal Property Tax.	ŬYes □No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
			81 Name		
CT CORPORATION SYSTEM			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
1200 S. PINE ISLAND ROAD					
PLANTATION FL 33324			83		
			84 City		85 Zip Code
				FI	_ `
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the appo	f changing its registered
office or n	egistered agent, or both, in the State o m familiar with, and accept the obligati	i Florida. Such change was aut ons of, Section 607.0505, Florid	nonzed by the corporation fa Statutes.	on's board of directors. Thereby accept the appe	interior as registered
SIGNATURE	•				
SIGNATORE	Signature, typed or printed name of registered agent		Registered Agent signature require		
12.	OFFICERS AND	· - · - · - · - · - · - · - · - ·	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	C	☐ DELETE	1.1 TITLE		□ Griange □ Addition
NAME	WILLIAMS, RAY E.		1.2 NAME		
STREET ADDRESS	207 N. RIDGEWAY		1 3 STREET ADDRESS		
CITY-ST-ZIP	CLEBURNE TX	☐ DELETE	1.4 C/TY-ST-ZiP		Change Addition
TITLE	ST VENT E	☐ DETE IE	2.1 TITLE		C. Gridingo C. Fraction
NAME	WILLIAMS, KENT E.		2.2 NAME		. }
STREET ADDRESS	207 N. RIDGEWAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEBURNE TX	☐ DELETE	2.4 CITY-ST-ZIP	graph matter than the state of	☐ Change ☐ Addition
TITLE	P OF IOF		32 NAME	•	
NAME 070557 4000500	George, Joe 207 N. Ridgeway		3.3 STREET ADDRESS		
STREET ADDRESS	CLEBURNE TX		3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE	V	☐ DELETÉ	4.1 TITLE		☐ Change ☐ Addition
NAME	HOLDEN, CLIFFORD R.	<u></u>	4. 2 NAME		
STREET ADDRESS	207 N RIDGEWAY		4.3 STREET ADDRESS		
	CLEBURNE TX		4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	OLLOGIATE IA	☐ 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		Ì
			6.3 STREET ADDRESS		ł.

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.

6.4 CfTY-ST-ZIP

SIGNATURE:

STREET ADDRESS