

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90070 019 ***150.00

DOCUMENT # 826957

1. Corporation Name

H.B. ZACHRY COMPANY

Principal Place of Business

527 LOGWOOD
P. O. BOX 21130
SAN ANTONIO TEXAS 78221

Mailing Address

527 LOGWOOD
P. O. BOX 21130
SAN ANTONIO TEXAS 78221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1971

4. FEI Number

74-0998570

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 Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
EBROM, CHARLES
213 SHEFFIELD PLACE
SAN ANTONIO, TX 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VPC
LOZANO, JOE J.
2758 WHISPER PATH
SAN ANTONIO, TX 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
COB
ZACHRY, H B JR
7603 SHADYLANE
SAN ANTONIO, TX 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
ORNELAS, GONZALEZ
2511 RESTON
SAN ANTONIO, TX 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
JOHNSTON JR., MURRAY L.
306 KENNEDY AVE.
SAN ANTONIO TX

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MANNING, KEITH
8479 ROMNEY
SAN ANTONIO TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

X SIGNATURE REQUIRED

4-26-99

210-475-8000

Date

Daytime Phone #

CR2E034 (11/98)