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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **840390** **(9)**

1. Corporation Name
MR. GATTI'S, INC.

900001491639
-05/17/95--01110--007
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
819 WATER ST. STE 310 P.O. BOX 1522 KERRVILLE TX 78029-6522	819 WATER ST. STE 310 P.O. BOX 1522 KERRVILLE TX 78029-6522

3. Date Incorporated or Qualified: 04/07/1978
3a. Date of Last Report: 05/17/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 74-1810879 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / 29; Country — 25 / 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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 _____ 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	11 TITLE	☐ Change ☐ Addition
NAME	BRINKMAN, L. D.	12 NAME	
STREET ADDRESS	444 SIDNEY BAKER SO.	13 STREET ADDRESS	
CITY-ST-ZIP	KERRVILLE TX	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	Sr.V.P./D ☒ Change ☐ Addition
NAME	LONGTIN, JOEL C	22 NAME	
STREET ADDRESS	444 SIDNEY BAKER SOUTH	23 STREET ADDRESS	
CITY-ST-ZIP	KERRVILLE TX	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	THOMAS, CHARLES C	32 NAME	Deletion
STREET ADDRESS	444 SIDNEY BAKER S.	33 STREET ADDRESS	
CITY ST ZIP	KERRVILLE TX	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☒ Addition
NAME		42 NAME	Sr.V.P.
STREET ADDRESS		43 STREET ADDRESS	Mike Staten
CITY ST ZIP		44 CITY-ST-ZIP	444 Sidney Baker So
TITLE		51 TITLE	Kerrville, Tx 78028 ☐ Change ☒ Addition
NAME		52 NAME	V.P. Treasurer
STREET ADDRESS		53 STREET ADDRESS	T.G. Ratcliffe
CITY ST ZIP		54 CITY-ST-ZIP	444 Sidney Baker So
TITLE		61 TITLE	Kerrville, Tx 78028 ☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: T G Ratcliffe V.P. 5-1-95 210 229 7034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

040379 FN