

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

**FILED**  
**Apr 09 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 852490 (2)**

1. Corporation Name  
**SUNMOUNT CORPORATION**

Principal Place of Business <b>344 HARMONSON ROAD                  PO BOX 1770                  ROANOKE TX 76262</b>	Mailing Address <b>344 HARMONSON ROAD                  PO BOX 1770                  ROANOKE TX 76262</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 <b>P.O. Box 800</b>	26 <b>P.O. Box 800</b>	22	27
Suite, Apt #, etc.		Suite, Apt #, etc.	
22 City & State		27 City & State	
23 <b>Roanoke, TX</b>		28 <b>Roanoke, TX</b>	
24 Zip <b>76262</b>	25 Country <b>USA</b>	29 Zip <b>76262</b>	30 Country <b>USA</b>

3. Date Incorporated or Qualified <b>04/07/1982</b>	4. FEI Number <b>87-0368152</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>CROSS, DONALD M.</b>	
STREET ADDRESS	<b>66 HERITAGE DRIVE</b>	
CITY-ST-ZIP	<b>KENSINGTON CT</b>	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	<b>BROWN, R. ALLYN</b>	
STREET ADDRESS	<b>3032NO. MONET COURT</b>	
CITY-ST-ZIP	<b>FLOWER MOUND TX</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>BARBER, THOMAS R. JR.</b>	
STREET ADDRESS	<b>RR1</b>	
CITY-ST-ZIP	<b>HASLET TX</b>	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	<b>MATHER, JAYNE G.</b>	
STREET ADDRESS	<b>198 MAIN ST.</b>	
CITY-ST-ZIP	<b>DEEP RIVER CT</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: *Sandra B. Mortham* 4/13/98 (940) 648-2711

CR2E034 (10/97)