

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **852490** (2)
1. Corporation Name
SUNMOUNT CORPORATION

Principal Place of Business 344 HARMONSON ROAD PO BOX 1770 ROANOKE TX 76262	Mailing Address 344 HARMONSON ROAD PO BOX 1770 ROANOKE TX 76262
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 800 Suite, Apt. #, etc. 22 City & State 23 Roanoke, TX Zip 24 76262		2a. Mailing Address 26 P.O. Box 800 Suite, Apt. #, etc. 27 City & State 28 Roanoke, TX Zip 29 76262		3. Date Incorporated or Qualified 04/07/1982	
Country 25 USA		Country 30 USA		4. FEI Number 87-0368152 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
--	--	--	--	---	--

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSS, DONALD M.	1.2 NAME	
STREET ADDRESS	66 HERITAGE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KENSINGTON CT	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, R. ALLYN	2.2 NAME	
STREET ADDRESS	3032NO. MONET COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	FLOWER MOUND TX	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, THOMAS R. JR.	3.2 NAME	
STREET ADDRESS	RR1	3.3 STREET ADDRESS	
CITY-ST-ZIP	HASLET TX	3.4 CITY-ST-ZIP	
TITLE	AST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHER, JAYNE G.	4.2 NAME	
STREET ADDRESS	198 MAIN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEEP RIVER CT	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *James G. Mather*

4/13/98

(940) 648-2741

CR2E034 (10/97)