

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90201 004 ***150.00

DOCUMENT # F02000003924

1. Entity Name
CMI HOLDING COMPANY, INC.



Principal Place of Business
1876 FIRMAN DRIVE
RICHARDSON, TX 75081

Mailing Address
1876 FIRMAN DRIVE
RICHARDSON, TX 75081

24068597



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2606413

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBB, GLENN
300 CATHEDRAL OAKS DRIVE
VERO BEACH, FL 32963

1101 US Highway 1
Sebastian, FL
32958

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME DAVIS, ALBERT M
STREET ADDRESS 1876 FIRMAN DRIVE
CITY-ST-ZIP RICHARDSON, TX 75081

TITLE D
NAME KIMMEY, RICHARD JAY
STREET ADDRESS 3812 TIMMS ST
CITY-ST-ZIP TYLER, TX 75701

TITLE D
NAME COX, JAMES
STREET ADDRESS 13523 ROSEWOOD LANE
CITY-ST-ZIP NAPLES, FL 34119

TITLE D
NAME MEYER, JACK E
STREET ADDRESS 4805 RUSTIC WAY
CITY-ST-ZIP SHOREWOOD, MN 55331

TITLE S
NAME HERNON, DAVID
STREET ADDRESS 1876 FIRMAN DRIVE
CITY-ST-ZIP RICHARDSON, TX 75081

TITLE D
NAME ASHAUGH, WILLIAM
STREET ADDRESS 12900 PRESTAL RD
CITY-ST-ZIP DALLAS, TX 75230

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert M. Davis

Date

Daytime Phone #

4-23-04 972-783-0644