

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
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90117 043 ***150.00

DOCUMENT # F92000000517

1. Corporation Name

BLACK-EYED PEA U.S.A., INC.

Principal Place of Business

2212 ARLINGTON DOWNS
SUITE 204
ARLINGTON TX 76011-6344

Mailing Address

2212 ARLINGTON DOWNS
SUITE 204
ARLINGTON TX 76011-6344

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1992

4. FEI Number

75-1468388

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.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME VAN HORNE, EUGENE E
STREET ADDRESS 3632 ASBURY AVE.
CITY-ST-ZIP DALLAS TX 75205

☒ DELETE

TITLE VSTD
NAME SCHUH, DAVID E
STREET ADDRESS 2309 CLAREMONT CT
CITY-ST-ZIP FLOWER MOUND TX 75028

☒ DELETE

TITLE D
NAME HOWARD, WILLIAM J
STREET ADDRESS 8637 E. CHERYL DR.
CITY-ST-ZIP SCOTTSDALE AZ 85253

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 7141 Grand Oaks
1.4 CITY-ST-ZIP Dallas, TX 75230

2.1 TITLE VSTD ☐ Change ☒ Addition

2.2 NAME Brewster, C. Rudy
2.3 STREET ADDRESS 306 Vantage Pointe Cr.
2.4 CITY-ST-ZIP League City, TX 77573

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Cox, William G.
3.3 STREET ADDRESS 2601 N. Val Vista Dr.
3.4 CITY-ST-ZIP Mesa, AZ 85213

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene E. Van Horne

Date

817 633-6992

Daytime Phone #

CR2F034 (1/198)