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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # F93000002533 (8)

TRICON CONSTRUCTION, INC. OF TEXAS

FILED Jan 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								LOUISING 1888 LOUIS LLAS BOTE 4074))[
101 N GREENVILLE AVE 101 N GREEVILLE AVE							Í				
SUITE C250			\$	SUITE C250							
ALLEN TX 75	5002			ALLEN TX 75002			1	DO NOT WRITE IN THIS SPACE			
US				US				 Date Incorporated or Qualified 05/28/1993 			
2. Principal Place of Business				2a. Mailing Address				4. FEI Number	-	Ar	oplied For
21			26					<u>75-2483754</u>		No.	ot Applicable
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Fee Re	
City & State				City & State				6. Election Campaign Financing		\$5.00	May Be
23			28					Trust Fund Contribution		Added	
Zip	Country			Zip Country				8. This corporation owes or has paid the current year Intangible			
24	25			9 30				Personal Property Tax due June 30. Yes Vo			
9. Name and Address of Current Registered Agent 10. Name and Address of New R										gent	
		N SERVICE COMPA	<i>I</i> MY		8	' '	Name				j
1201 HAYS STREET TALLAHASSEE FL 32301							Street Addres	Address (P.O. Box Number is Not Acceptable)			
					83	3					
					84		City		FL		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 A			13.	_		ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	RS IN 12
TITLE	PCD			DELETE	1.1 TITLE					Change	Addition
NAME	COSTIN,	CHARLES W			1.2 NAME	:	ļ				
STREET ADDRESS	5 VENT	JRA CIR		1.3 \$			DORESS				
CITY-ST-ZIP	WYLIE T	X		1.40			ZIP				[
TITLE	SD			DELETE 2.1 TI		L1 TITLE		1 34	2.0	Change	Addition
NAME	COSTIN, KEZIAH C			2.2		2.2 NAME					
STREET ADDRESS				2.3 \$			DRESS				
CITY-ST-ZIP	WYLIE TX			2. 4			ZIP				
TITLE				DELETE	3.1 TITLE					☐ Change	☐ Addition
NAME	1				3.2 NAME						
STREET ADDRESS					3.3 STREE	ET AD	DDRESS				
CITY-ST-ZIP		1			3.4. CITY	-ST-2	ZIP				
TITLE				DELETE	4.1 TITLE	_				Change	Addition
NAME					4. 2 NAMI	E	·				
STREET ADDRESS					4.3 STREE	T ADI	IDRESS				- 1
City-ST-ZiP					4.4 CITY-	ST-Z	ZIP	<u> </u>			
TITLE	j			☐ DELETE	5.1 TITLE]			L Change	Addition
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STREET ADDRESS	}				5.3 STREE	T ADI	DRESS				ļ
CITY - ST - ZIP					5.4 CITY -	ST-Z	ZIP				
TITLE				DELETE	6.1 TITLE					☐ Change	Addition
NAME					6.2 NAME						
STREET ADDRESS					6.3 STREE	ET ADI	DRESS				J
CITY-ST-ZIP					6.4 CITY -	ST-Z	ZIP				
 14. I hereby of indicated 	certify that the on this annua	information supplied I report or suppliemen	with this fil ntal annua!	ling does not qualify to report is true and ac	for the exemple curate and the contract of the	ption hat r	n stated in Se my signature :	ction 119.07(3)(i), Florida Statutes. shall have the same legal effect as	I further cei if made und	tity that the fer oath; the	information at I am an

nis report as required by Chapter 607, Florida Statutes; and that my name appears in

972 442-0870