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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

## Feb 15, 1999 8:00 am Secretary of State Secretary of State 02-15-1999 90008 035 \*\*\*158.75 DIVISION OF CORPORATIONS 1999

DOCUMENT #	F93000005271

<ol> <li>Corporation</li> </ol>	VIEN   # <b>F9300(</b> DAST DISMANTLING, INC.	)00	02/1								
GULF CC	DAST DISIMANTLING, INC.										
Principal Place	of Business	Ma	ailing Address					i imnii44 istm idikā etilit aneti	EB(1) 88(1) 89(	11 RAINT ACIDA STACE	19681 1161 1881
5324 OLD VISTA RD. PO BO		BOX 5249 ADENA TX 77508-5249				DO NOT W	RITE IN TH	IS SPACE	···-		
								Date Incorporated or Qualife 11/18/1993	ed		<u>.</u>
2. Principal Pl	ace of Business	2a.	Mailing Address				4.	, FEI Number			plied For
21		26						76-0289972			t Applicable
Suite, Apt. :	#, etc.	27	Suite, Apt. #, etc.				5.	. Certifcate of Status Desired	<b>X</b> 3	\$8.75 A	
City & State	•	28	City & State				6.	<ul> <li>Election Campaign Financin</li> <li>Trust Fund Contribution</li> </ul>	a	<b>\$5.00</b> Added t	
Zip	Country 25	29	Zip Country				8.	. This corporation owes the corporation Property Tax.	urrent year	Intangible ☐ Yes	□No
24	9. Name and Address of Curre						10	. Name and Address of Nev	v Registere	d Agent	
		· · ·	-	8	B1	Name		<del></del>			
	ORPORATION SYSTEM S. PINE ISLAND RD			1	82	Street Ad	dress (	P.O. Box Number is Not Acce	ptable)		
	ITATION FL 33324				83					A 100 M	100
				ļ.	84	City		THE CONTRACT OF STATE	F	85 Zip (	Code
11. Pursuant office or re agent. I ar	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblic	502 and 6 e of Florio gations of	07.1508, Florida Statutes da. Such change was aut , Section 607.0505, Florid	s, the abording the statut	ove by 1	-named co the corpora	rporation's b	on submits this statement for the board of directors. I hereby account to the state of the state	he purpose cept the app	of changing its pointment as re	registered gistered
SIGNATURE		and and title	if applicable (NOTE: B	Penistered A	lnen	t signature regu	ired when	reinstating)	DATE		
12.	Signature, typed or printed name of registered at OFFICERS A			13.	·go	· digitation to qu		ADDITIONS/CHANGES TO	OFFICERS .	AND DIRECTO	ORS IN 12
TITLE	P		☐ DELETE	1.1 TITL	Æ			Medisabil.		Change	☐ Addition
NAME	JORDAN, JOHN W			1.2 NAM	Æ						ŀ
STREET ADDRESS	5324 OLD VISTA ROAD			1.3 STR	EET	ADDRESS			•		
CITY-ST-ZIP	PASADENA TX 77505			1.4 CITY	Y- \$T	r- ZIP			·		<u>,                                     </u>
TITLE	V		☐ DELETE	2.1 TITL	.E					☐ Change	☐ Addition
NAME	FAIR, ROBERT C			2.2 NAM	Æ	i					
STREET ADDRESS	11520 W. HWY 80 E.			2.3 STR	EET	ADDRESS		•			
CITY-ST-ZIP	ODESSA TX			2. 4 CIT		T-ZIP				☐ Change	☐ Addition
TITLE	ST		☐ DELETE	3.1 TITL						onlingo	
NAME 3	TAYLOR, KEN			3.2 NAX							
STREET ADDRESS	3302 LILAC ST					ADDRESS			14、高点器		
CITY-ST-ZIP	PASADENA TX		T DELETE	3.4. CIT 4.1 TITL		1-219				☐ Change	
TITLE			[] Detter	4.1 NA							
NAME -						ADDRESS					
STREET ADDRESS			· ·	4.4 CIT							
CITY-ST-ZIP	l										T L L EU

6.4 CITY-ST-ZIP 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 of 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 attractment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NING OFFICER OR DIRECTOR

□ DELETE

☐ DELETE

01/21/99

281-487-0595

Change

Addition

☐ Addition

Daytime Phone #