

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Norham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001047 (9)

1. Corporation Name
MATRICES, INC.

Principal Place of Business
2222 MEADOW GARDENS DR.
HOUSTON TX 77062

Mailing Address
2222 MEADOW GARDENS DR.
HOUSTON TX 77062

000001478820
-05/08/95--01048--008
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/02/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

24 Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Country

4. FEI Number

APPLIED FOR 76-0924360

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

6. This corporation has liability for interjurisdictional tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLFE, LARRY
200-A JOHN KNOX RD.
TALLAHASSEE FL 32303-6643

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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)

Signature (Typed or printed name of registered agent and title, if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	PETERS, GARY L
STREET ADDRESS	2222 MEADOW GARDENS DR.
CITY, ST, ZIP	HOUSTON TX 77062
TITLE	VPD
NAME	PETERS, LINDA S
STREET ADDRESS	2222 MEADOW GARDENS DR.
CITY, ST, ZIP	HOUSTON TX 77062
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
18 TITLE	☐ Change ☐ Addition
19 NAME	
20 STREET ADDRESS	
21 CITY, ST, ZIP	
22 TITLE	☐ Change ☐ Addition
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 TITLE	☐ Change ☐ Addition
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	
30 TITLE	☐ Change ☐ Addition
31 NAME	
32 STREET ADDRESS	
33 CITY, ST, ZIP	

5/1/95
m-j

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (37604), 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 person or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:

SIGNATURE AND TYPE OF POSITION OF BOARD OF DIRECTORS OR DIRECTOR

GARY L PETERS PRESIDENT

APR 28 1995 713-488-5538