

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000001890 (2)**

1. Corporation Name
SOWAMCO VIII OF TEXAS, INC.

Principal Place of Business

Mailing Address

**6400 IMPERIAL DRIVE
P.O. BOX 8126
WACO TX 76714
US**

**P O BOX 8216
WACO TX 76714
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1994

4. FEI Number

74-2694936

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 6400 Imperial Dr.	26 6400 Imperial Dr.
22 P.O. Box 8216	27 P.O. Box 8216
23 Waco, TX	28 Waco, TX
24 76714	29 76714
25 USA	30 USA

9. Name and Address of Current Registered Agent

**CT 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P / Director	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARTAIN, JAMES T	1.2 NAME	
STREET ADDRESS	6400 IMPERIAL DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WACO TX	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAIR, KATHY S	2.2 NAME	
STREET ADDRESS	6400 IMPERIAL DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WACO TX	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, JAMES R.	3.2 NAME	
STREET ADDRESS	6400 IMPERIAL DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WACO TX	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, MARGIE	4.2 NAME	
STREET ADDRESS	6400 IMPERIAL DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WACO TX	4.4 CITY-ST-ZIP	
TITLE	EVP / Director	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGELSTEIN, DICK R	5.2 NAME	
STREET ADDRESS	6400 IMPERIAL DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WACO TX	5.4 CITY-ST-ZIP	
TITLE	SVP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, GARY	6.2 NAME	
STREET ADDRESS	6400 IMPERIAL DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WACO TX	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.

SIGNATURE

[Signature]

1/12/98

(251) 751-1750

CR2E034 (10/97)