

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

DOCUMENT # F94000006163

1. Corporation Name
SALADO SALES, INC.

Principal Place of Business

4747 MCLANE PKWY
TEMPLE TX 76504
US

Mailing Address

P O BOX 6115
TEMPLE TX 76503-6115
US

FILED
Feb 13, 1999 8:00am
Secretary of State

02-13-1999 90024 044 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1994

4. FEI Number

74-2692113

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSIER, WILLIAM	
STREET ADDRESS	4747 MCLANE PKWY	
CITY-ST-ZIP	TEMPLE TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARGER, RD	
STREET ADDRESS	4747 MCLANE PKWY	
CITY-ST-ZIP	TEMPLE TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MEWHINNEY, LEN	
STREET ADDRESS	4747 MCLANE PKWY	
CITY-ST-ZIP	TEMPLE TX	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	MANN, CAROLINE R	
STREET ADDRESS	1065 CRESCENT	
CITY-ST-ZIP	BELTON TX 76513	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GRAVES, DONALD R	
STREET ADDRESS	4747 MCLANE PKWY	
CITY-ST-ZIP	TEMPE TX	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KOCH, KEVIN J	
STREET ADDRESS	4747 MCLANE PKWY	
CITY-ST-ZIP	TEMPLE TX	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kevin J. Koch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin J. Koch, Treas 1/12/99 254-771-7500

Date

Daytime Phone #

CR2E034 (1/1/98)