

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000904 (1)

1. Corporation Name

J.C. PACE HOLDING COMPANY



Principal Place of Business

Mailing Address

500 THROCKMORTON, SUITE 2808
FORT WORTH TX 76102

500 THROCKMORTON, SUITE 2808
FORT WORTH TX 76102

3. Date Incorporated or Qualified
02/23/1995

3a. Date of Last Report

4. FEI Number
75-2404520

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 has liability for intangible tax under s. 193.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------------|---------------------------------|
| TITLE | COBO | <input type="checkbox"/> DELETE |
| NAME | PACE, GARY | |
| STREET ADDRESS | 500 THROCKMORTON, SUITE 2808 | |
| CITY - ST - ZIP | FORT WORTH TX 76102 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | PACE, JOE K | |
| STREET ADDRESS | 500 THROCKMORTON, SUITE 2808 | |
| CITY - ST - ZIP | FORT WORTH TX 76102 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | SYKES, MARGARET | |
| STREET ADDRESS | 500 THROCKMORTON, SUITE 2808 | |
| CITY - ST - ZIP | FORT WORTH TX 76102 | |
| TITLE | VST | <input type="checkbox"/> DELETE |
| NAME | SYKES, DAVID | |
| STREET ADDRESS | 500 THROCKMORTON, SUITE 2808 | |
| CITY - ST - ZIP | FORT WORTH TX 76102 | |
| TITLE | AST | <input type="checkbox"/> DELETE |
| NAME | WYATT, HAROLD D | |
| STREET ADDRESS | 500 THROCKMORTON, SUITE 2808 | |
| CITY - ST - ZIP | FORT WORTH TX 76102 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | BURGETT, TOM L | |
| STREET ADDRESS | 4955 PARIS STREET | |
| CITY - ST - ZIP | DENVER CO 80239 | |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

HAROLD WYATT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-22-96

817-3321219