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FILED

Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

500 THROCKMORTON, SUITE 2808
FORT WORTH TX 76102

Mailing Address

500 THROCKMORTON, SUITE 2808
FORT WORTH TX 76102-3863



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/23/1995

3a. Date of Last Report

07/02/1996

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. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T 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

TITLE	COBD	<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	4855 PARIS STREET	
CITY-ST-ZIP	DENVER CO 80239	

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 do 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:

HAROLD WYATT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)