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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #
1. Corporation Name F95000000904 (1)

J.C. PACE HOLDING COMPANY

DENVER CO 80239

CITY-ST-ZIP

Principal Place of Business		Mailing Address	Mailing Address			######################################
		500 THROCKMORTON.	500 THROCKMORTON, SUITE 2808			
		FORT WORTH TX 76102		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	O OF NOL
					02/23/1995	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	26		75-2404520	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	-		5. Certificate of Status Desired	\$8.75 Additional
City & State		27				Fee Required
⊢ ¬ ′		City & State			6. Election Campaign Financing	\$5.00 May Be
Zip Country		7in	Zip Country		Trust Fund Contribution	Added to Fees
24	25]	29	30	,	8. This corporation owes or has paid the of Personal Property Tax due June 30.	Yes 🔀 No
17.11	g. Name and Address of Curre		1001		10. Name and Address of New Registere	
C 1	CORPORATION SYSTEM		81	Name		
1200 SOUTH PINE ISLAND ROAD			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
PU			Oli del Mai	dross (1.0. box Normber is Not Acceptable)		
			83			
			84	City		85 Zip Code
					F	
11. Pursuant office or r	to the provisions of Sections 607.056 ealstered agent, or both, in the State	02 and 607.1508, Florida Statu e of Florida. Such change was	ites, the abov authorized b	e-named cor v the corpora	rporation submits this statement for the purpose	of changing its registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statute	S.	ation's board of directors. I hereby accept the ap	spontationic do registered
SIGNATURE						
12.	Signature typed or printed name of registered ag OFFICERS AN	POLAND THE INCLUDED I	13.	ent signature requ	ADDITIONS/CHANGES TO OFFICERS AN	VID DIRECTORS IN 12
TITLE	COBO	DELETE			ADDITIONS/CHANGES TO GET ICERS A	Change Addition
NAME	PACE, GARY		1.2 NAME	}		_ ·
STREET ADDRESS 500 THROCKMORTON, SUITE 2808		1.3 STREET	ADDRESS			
CITY-ST-ZIP	FORT WORTH TX 76102		1.4 CITY- S	ST - ZIP		
TITLE	PD	DELETE 2.1				Change Addition
NAME	PACE, JOE K		2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP	FORT WORTH TX 76102		2. 4 CITY-	ST-ZIP		
TITLE	VD	☐ DELETE	3 1 TITLE	ļ		☐ Change ☐ Addition
NAME	SYKES, MARGARET		3.2 NAME			
STREET ADDRESS 500 THROCKMORTON, SUITE 2808		3.3 STREET	ADDRESS			
CITY-ST-ZIP	FORT WORTH TX 76102		3.4. CITY-	ST-7IP		
TITLE	VST ONLED	☐ DELETE	4.1 TITLE	į		L Change Addition
NAME	SYKES, DAVID		4. 2 NAME			
STREET ADDRESS	500 THROCKMORTON, SUITI	E 2808	4 3 STREET			
CITY-ST-ZIP	FORT WORTH TX 76102	☐ DELETE	4 4 C(TY - S	ST - ZIP		Change 1 addition
TITLE	AST HAROUR D	☐ htitle	5.1 TITLE			Change Addition
NAME	WYATT, HAROLD D	5 2000	5.2 NAME			
STREET ADDRESS	500 THROCKMORTON, SUITI	E 2000	5.3 STREET			
CITY-ST-ZIP TITLE	FORT WORTH TX 76102	DELFTE	5.4 CITY - S	1-7IP		Change Addition
	BURGETT, TOM L		6.1 TITLE			Change Addition
NAME STREET ADDRESS	4955 PARIS STREET		6.2 NAME 6.3 STREET	ADOREGO		
SINCLIAMONGOS I	TOSO I CHILO GILILLI		■ 0.3 SIREE	PODUCOD I		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY - ST - ZIP

FILED

Jan 27 1998 8:00am

Secretary of State