

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000006230

1. Entity Name
SOWAMCO XX OF TEXAS, INC.



Principal Place of Business
**6400 IMPERIAL DRIVE
PO BOX 8216
WACO, TX 76712-8216**

Mailing Address
**6400 IMPERIAL DRIVE
PO BOX 8216
WACO, TX 76712-8216**



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-2729018

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CCOB
HAWKINS, JAMES R
6400 IMPERIAL DRIVE
WACO, TX 767128216**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SARTAIN, JAMES T
6400 IMPERIAL DRIVE
WACO, TX 767128216**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
DEWITT, TERRY
6400 IMPERIAL DRIVE
WACO, TX 767128216**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
RAY, MARGIE
6400 IMPERIAL DRIVE
WACO, TX 767128216**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
GREAK, JOE S
6400 IMPERIAL DRIVE
WACO, TX 767148216**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TSVP
HOMES, JAMES C
6400 IMPERIAL DR
WACO, TX 767128216**

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07/06/04-80005-022 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES T. SARTAIN
Mayor President (254) 751-1750