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

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90024 002 ***900.00

DOCUMENT # **F96000003881**

1. Corporation Name
CAVANAUGH CHARTERS, INC.

Principal Place of Business	Mailing Address
4950 KELLER SPRINGS RD #190 DALLAS TX 75248	4950 KELLER SPRINGS RD #190 DALLAS TX 75248

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16885 Dallas Parkway	2a. Mailing Address 26 16885 Dallas Parkway	3. Date Incorporated or Qualifed 07/31/1996	
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27	4. FEI Number 75-2650805	☐ Applied For ☐ Not Applicable
City & State 23 Addison, Texas	City & State 28 Addison, Texas	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 75001 25 U.S.	Zip / Country 29 75001 30 U.S.	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	

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	CAVANAUGH, JIM		12 NAME		
STREET ADDRESS	4950 KELLER SPRINGS RD #190		13 STREET ADDRESS	16885 Dallas Parkway	
CITY-ST-ZIP	DALLAS TX 75248		14 CITY-ST-ZIP	Addison, Texas 75001	
TITLE	DV	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	CRAWFORD, JERRY		22 NAME		
STREET ADDRESS	4950 KELLER SPRINGS RD #190		23 STREET ADDRESS	16885 Dallas Parkway	
CITY-ST-ZIP	DALLAS TX 75248		24 CITY-ST-ZIP	Addison, Texas 75001	
TITLE	DS	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	HUNTER, KAREN		32 NAME		
STREET ADDRESS	4950 KELLER SPRINGS RD #190		33 STREET ADDRESS	16885 Dallas Parkway	
CITY-ST-ZIP	DALLAS TX 75248		34 CITY-ST-ZIP	Addison, Texas 75001	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (11/98)

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: _____, Jerry Crawford 2-9-99 972-991-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #