

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

FILED

Apr 14 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 # F96000004332 (0)

1. Corporation Name
WAMCO XXII OF TEXAS, INC.

Principal Place of Business
6400 IMPERIAL DR
PO BOX 8216
WACO TX 76712-8216

Mailing Address
6400 IMPERIAL DR
PO BOX 8216
WACO TX 76712-8804



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/23/1996

3a. Date of Last Report

4. FEI Number

74-2748255

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	DC	<input type="checkbox"/> DELETE
NAME	HAWKINS, JAMES R	
STREET ADDRESS	J-HAWK CORPORATION, 6400 IMPERIAL DR	
CITY - ST - ZIP	WACO TX 76712-8216	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SARTAIN, JAMES T	
STREET ADDRESS	J-HAWK CORPORATION, 6400 IMPERIAL DR	
CITY - ST - ZIP	WACO TX 76712-8216	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HAGELSTEIN, RICK R	
STREET ADDRESS	J-HAWK CORPORATION, 6400 IMPERIAL DR	
CITY - ST - ZIP	WACO TX 76712-8216	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RAY, MARGIE	
STREET ADDRESS	J-HAWK CORPORATION, 6400 IMPERIAL DR	
CITY - ST - ZIP	WACO TX 76712-8216	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MCAIR, KATHY S	
STREET ADDRESS	J-HAWK CORPORATION, 6400 IMPERIAL DR	
CITY - ST - ZIP	WACO TX 76712-8216	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEU, JEFFREY	
STREET ADDRESS	600 CLEARWATER DR	
CITY - ST - ZIP	MINNETONKA MN 55343	

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:

Margie Ray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-97 817-751-1750

Date

Daytime Phone #

CR2E034 (9/96)