FILED

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90008 046 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600004553

Mailing Address 4890 ALPHA ROAD

DALLAS TX 75244

SUITE 100

1. Corporation Name

Principal Flace of Business

4890, ALPHA ROAD SUITE 100

DALLAS TX 75244

JACKSON-SHAW COMPANY

						09/05/1996			
2. Principal Pi	lace of Business	2a. Mailing Address	_			4. FEI Number	Applied For		
21		26				75-1392561	Nct Applicab		
Suite, /vpt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional		
22		27				- Cordinate of States 200m2	Fee Required		
City & State	e	City & State				6. Election Campaign Financing	\$5.00 May Be		
23		28	_			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip		Country		8. This corporation owes the current year Intan			
24	25	29	30			T Croonart Toponty Tax:	☐Yes ☐No		
9. Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered Ag	leut		
C T CORPORATION SYSTEM					Name				
1200 SOUTH PINE ISLAND ROAD				82	Street	ress (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324				000					
FLANIATION FL 33324				83					
				84	City	F'I	85 Zip Code		
				\perp		F .L	ongine its engisters		
11. Pursuant to the provisions of Sections 607.050 2 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 obliga ions of, Section 607.0505, Florida Statutes.									
SIGNATURE						CATE COLUMN			
12	Signature, typed or printed in ime of registered agerts			lered Agen 13.	t signature	recuired when reinstating DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12		
12.	OFFICERS AND	DELETE		.1 TITLE			PChange		
TITLE	PD						<u> </u>		
NAME	SHAW, LEWIS W II			1.2 NAME 1.3 STREET ADDRESS 4		4840 ALPHA ROAD, SUITE 100			
STREET ADOR: SS	3860 W. NORTHWEST HIGHWAY	, 30 11E 330				DALLAS TY 76244			
CITY-ST-ZIP	DALLAS TX 75220	☐ DELETE		.4 CITY-ST	-ZIP		PChange ☐ Addi		
TITLE	401		_	2.1 TITLE 2.2 NAME					
NAME	DIGH, O IN				· ABBBEOG	1/800 8.000 3			
STREET ADDRESS	3860 W. NORTHWEST HIGHWAY	r , ount 330			ADDRESS	4890 ALDHA ROAD, SUITE A DALLAS, TX 75244	P6		
CITY-ST-ZIP	DALLAS TX 75220	☐ DELETE		. 4 CITY-S .1 TITLE	I-ZIP		GChange ☐ Addi		
TITLE	LEIGHER TOPIN	- DELETE		.2 NAME		1			
NAME	FISHER, JOHN	/_CLITTE_050	- 1	-	ADDRESS	Usen Marie Prince			
STREET ADORESS		1, OUTE 300				DALLAS TX 75246	100		
CITY-ST-ZIP	DALLAS TX			4. CITY-S	I-ZIP	DILCH 5 / 1 13240	<u>/</u> _ - Change Addi		
TIŢLE	V		- 1	. 2 NAME	_				
NAME	PETTIT, JESS	/ . CLITTE DEC		_	ADDRESS	4890 ALPHA ROOM L.	15 100		
STREET ADDRESS	3860 W. NORTHWEST HIGHWAY	, our coor	1	4 CITY-S1		TALLAS TX 75244	- 200		
CITY-ST-ZIP	DALLAS TX 75220- V DELETE			i.1 TITLE	1 ~ <u>2 </u> F	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	⊉ Change		
	l			2 NAME					
NAME	CARTER, DEBI B	/ CLITTE SEC			ADDRESS	4890 ALPHA ROAD, SUI	te 100		
STREET ADOR! SS	8860 W. NORTHWEST HIGHWA	r, oute add-		.4 CITY-ST		DALLAS , TX 75244			
CITY-ST-ZIP TITLE	DALLAS TX 7 522 0-	□ DELETE		.1 TITLE			Change Addi		
		,	1	2 NAME		1 7			
NAME etheet and blice				-	ADDRESS	1660 nous Dans Son	+5 600		
STREET ADORESS				.4 CITY-ST		RUSSEll JAMES F. 4890 ALPHA ROAD, SU DALLAS TX 75244	<u> </u>		
CITY-ST-ZIP	l certify that the information supplied with	this filing does not qualify f	for the d	exemnti	on state	ed in Section 119 07 (3)(i). Florida Statutes. I further certif	∠that the information		
14. Therefy 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	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 appears with all other like empowered.								
	in. HT	1 _				0 000			

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-99

972-628-7400