

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000005734 (6)

1. Corporation Name

FIRST AMERICAN BANK TEXAS SSB

Principal Place of Business

2800 S. TEXAS AVE., #200  
BRYAN TX 77802

Mailing Address

2800 S. TEXAS AVE., #200  
BRYAN TX 77802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1996

4. FEI Number

74-2483910

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

F&L CORP.  
200 LAURA ST.  
JACKSONVILLE FL 32202

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                                      | STREET ADDRESS | CITY-ST-ZIP | DELETE                              |
|-------|---|----------------|-------------|-------------------------------------|
|       | PD  |                |             | <input type="checkbox"/>            |
|       | ATKINSON, WILLIAM                         |                |             |                                     |
|       | 1111 BRIARCREST DR., #300                 |                |             |                                     |
|       | BRYAN TX 77802                            |                |             |                                     |
|       | CEO                                       |                |             | <input type="checkbox"/>            |
|       | ADAM, DON A                               |                |             |                                     |
|       | 1111 BRIARCREST DR., #300                 |                |             |                                     |
|       | BRYAN TX 77802                            |                |             |                                     |
|       | SO  |                |             | <input type="checkbox"/>            |
|       | KUTTLER, KEITH                            |                |             |                                     |
|       | 1111 BRIARCREST DR., #300                 |                |             |                                     |
|       | BRYAN TX 77802                            |                |             |                                     |
|       | T   |                |             | <input checked="" type="checkbox"/> |
|       | KITAYAMA, MITCHELL                        |                |             |                                     |
|       | 1111 BRIARCREST DR., #300                 |                |             |                                     |
|       | BRYAN TX 77802                            |                |             |                                     |
|       | D   |                |             | <input type="checkbox"/>            |
|       | ADKISSON, PERRY L                         |                |             |                                     |
|       | TEXAS A&M UNIVERSITY, DEPT. OF ENTOMOLOGY |                |             |                                     |
|       | COLLEGE STATION TX 77843                  |                |             |                                     |
|       | D   |                |             | <input type="checkbox"/>            |
|       | ALLEN, TRUMAN                             |                |             |                                     |
|       | 3706 STILLMEADOW                          |                |             |                                     |
|       | BRYAN TX 77802                            |                |             |                                     |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |

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.

SIGNATURE *William A. Adam*

4/30/98

CR2E034 (10/97)