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

PROFIT **CORPORATION** ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

F97000000410 (7)

FRANCORP #2, INC.

Mailing Address

## **FILED** May 18 1998 8:00am Secretary of State



PO DRAWER 7238 ODESSA TX 79760-7238		PO DRAWER 7238 ODESSA TX 79760-7238					
					DO NOT WRITE IN TH  3. Date Incorporated or Qualified	S SPACE	
		.,			01/24/1997		
	lace of Business	2a. Mailing Address			4. FFI Number	A	pplied For
21	·	26			<u>75-2659381</u>		ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional equired
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country	Ζφ <b>29</b>	Country 30		8. This corporation owes or has paid the Personal Property Tax due June 30.		tangible No
	9. Name and Address of Curren	Registered Agent	·		10. Name and Address of New Registers	d Agent	
CI	CORPORATION SYSTEM		81	Name			
120	00 <b>\$O</b> UTH PINE ISLAND ROAD		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
, PL/	ANTATION FL 33324				,		
1			83				
1			84	City		. 85 Zip	Code
			"	City	F		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 registored agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Familiar with and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature type discripted trace of teach of the strape is a (PERE Registered Agent agratise in quied when revisitiong) DATE							
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	<b>7</b> 00	DETE LE	1.1 TOLE			☐ Change	Addition
NAME	GOLDEN, JIM		1.2 NAME				
STREET ADDRESS	312 E 2ND ST		1.3 STREET	ADDRESS			
CHY-ST-ZIP	ODESSA TX 79761		1.4 CITY- S	1- ZIP			
TITLE	DCP	DELETE	2 T TITLE			Change	☐ Addition
NAME	Byrom, dale		2.2 NAME	1			
STREET ADDRESS	312 E 2ND ST		23 STREET	ADDRESS			1
City-ST-ZIP	<b>ODESSA TX 79761</b> 2.4		2. 4 CITY - S	1 - 7IP			ļ
TITLE	<b>D</b> ST	☐ DELETE	3.1 TITLE			Change	Addition
NAME	GOLDEN, MILLIE		3.2 NAME				-
STREET ADDRESS	312 E 2ND ST		33 STREET	ADDRESS			İ
CITY+ST-ZIP	ODESSA TX 79761		3.4. CITY - S	f - 71P			
TITLE		DELETE	4 1 1111.[			Change	☐ Addition
NAME			4 2 NAME				
STREET ADDRESS			4 3 STREET	ADDRESS			
CITY-ST-ZIP	_		4.4 CHTY - S	1 · 2 P			
TITLE		DELETE	51 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	address			
CITY-ST-ZIP			5 4 CHY- S	- ZIP			
TITLE		DELETE	61 Tillf			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE1	ADDRESS			
CITY-ST-ZIP			6.4 City - St	- 71P			
14. I hereby certify that the information supplied with this tiling 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 is true and accurate into that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusten 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.							