

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

DOCUMENT # **F97000000565**

1. Corporation Name

LOOMIS, FARGO & CO.

Principal Place of Business

**2500 CITY WEST BLVD
SUITE 900
HOUSTON TX 77042
US**

Mailing Address

**2500 CITY WEST BLVD
SUITE 900
HOUSTON TX 77042
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified

02/03/1997

4. FEI Number

75-0117200

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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 ☐ DELETE

NAME **PDCE**
MATTLY, JAMES B
STREET ADDRESS **2500 CITY WEST BLVD., SUITE 900**
CITY-ST-ZIP **DALLAS TX 77042**

TITLE ☐ DELETE

NAME **VTCF**
JENNINGS, JAMES K JR
STREET ADDRESS **2500 CITY WEST BLVD., SUITE 900**
CITY-ST-ZIP **HOUSTON TX 77042**

TITLE ☐ DELETE

NAME **D**
WOOD, TIMOTHY M
STREET ADDRESS **2500 CITY WEST BLVD., SUITE 900**
CITY-ST-ZIP **HOUSTON TX 77042**

TITLE ☐ DELETE

NAME **VD**
CALLIER, JAMES T JR
STREET ADDRESS **2500 CITY WEST BLVD., SUITE 900**
CITY-ST-ZIP **HOUSTON TX 77042**

TITLE ☐ DELETE

NAME **D**
HEGI, FREDERICK B JR
STREET ADDRESS **750 N ST PAUL, SUITE 1200**
CITY-ST-ZIP **DALLAS TX 75201**

TITLE ☐ DELETE

NAME **D**
O'BRIEN, JOHN D
STREET ADDRESS **2500 CITY WEST BLVD., SUITE 900**
CITY-ST-ZIP **HOUSTON TX 77042**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/99

713.425.6200

Date

Daytime Phone #

0584511

CR2E034 (1/1/98)