

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000000682

1. Entity Name
SOWAMCO III OF TEXAS, INC.



Principal Place of Business
**6400 IMPERIAL DR.
P O BOX 8216
WACO, TX 76714 US**

Mailing Address
**6400 IMPERIAL DR.
P O BOX 8216
WACO, TX 76714 US**



DO NOT WRITE IN THIS SPACE

02022005 No Chg-P CR2E034 (10/03)

4. FEI Number
74-2679413

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

1100000234273
02/18/05-80014-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SARTAIN, JAMES T
STREET ADDRESS	6400 IMPERIAL DR.
CITY-ST-ZIP	WACO, TX 76714
TITLE	DC
NAME	HAWKINS, JAMES R
STREET ADDRESS	6400 IMPERIAL DR.
CITY-ST-ZIP	WACO, TX 76714
TITLE	EVP
NAME	DEWITT, TERRY R
STREET ADDRESS	6400 IMPERIAL DR.
CITY-ST-ZIP	WACO, TX 76714
TITLE	SVP
NAME	GREAK, JOE S
STREET ADDRESS	6400 IMPERIAL DRIVE
CITY-ST-ZIP	WACO, TX 76714
TITLE	TSVP
NAME	HOLMES, JAMES C
STREET ADDRESS	6400 IMPERIAL DR.
CITY-ST-ZIP	WACO, TX 76714
TITLE	S
NAME	RAY, MARGIE
STREET ADDRESS	6400 IMPERIAL DR.
CITY-ST-ZIP	WACO, TX 76714

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James T. Sartain 2/7/05 (254) 751-1750