

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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90076 009 ***150.00

DOCUMENT # F97000000790

1. Corporation Name

AMRESKO BUILDERS GROUP, INC.

Principal Place of Business

700 N. PEARL, SUITE 2400
DALLAS TX 75201

Mailing Address

700 N. PEARL, SUITE 2400
DALLAS TX 75201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1997

4. FEI Number

75-2685942

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

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	CCEO	<input type="checkbox"/> DELETE
NAME	LUTZ, ROBERT H JR	
STREET ADDRESS	700 N. PEARL, SUITE 2400	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DESPAIN, JOHN T	
STREET ADDRESS	12012 WICKCHESTER LN, SUITE 500	
CITY-ST-ZIP	HOUSTON TX 77079	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ADAIR, ROBERT L III	
STREET ADDRESS	700 N. PEARL, SUITE 2400	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	EDWARDS, BARRY L	
STREET ADDRESS	700 N. PEARL, SUITE 2400	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BROWN, RANDY E	
STREET ADDRESS	700 N. PEARL, SUITE 2400	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	AIKEN, S. TODD	
STREET ADDRESS	12012 WICKCHESTER LN, SUITE 500	
CITY-ST-ZIP	HOUSTON TX 77079	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LUTZ, ROBERT H JR	
1.3 STREET ADDRESS	700 N. PEARL, STE 2400	
1.4 CITY-ST-ZIP	DALLAS, TX 75201-7424	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DESPAIN, JOHN T	
2.3 STREET ADDRESS	11011 RICHMOND, STE 850	
2.4 CITY-ST-ZIP	HOUSTON, TX 77042	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ADAIR, ROBERT L III	
3.3 STREET ADDRESS	700 NORTH PEARL STREET, STE 2400	
3.4 CITY-ST-ZIP	DALLAS, TX 75201-7424	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BLACKWELL, L. KEITH	
5.3 STREET ADDRESS	700 N. PEARL STREET, SUITE 2400	
5.4 CITY-ST-ZIP	DALLAS, TX 75201-7424	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 "I am empowered"

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-99

214-953-7725

CR2E034 (1/98)