

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
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90038 034 ***150.00

DOCUMENT # F97000005734

1. Corporation Name

JENKENS & GILCHRIST, A PROFESSIONAL CORPORATION



Principal Place of Business

1445 ROSS AVE., STE. 3200
DALLAS TX 75202

Mailing Address

1445 ROSS AVE., STE. 3200
DALLAS TX 75202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1997

4. FEI Number

75-0865172

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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	DP	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/>
NAME	LANEY, DAVID M		
STREET ADDRESS	1445 ROSS AVE., STE. 3200		
CITY-ST-ZIP	DALLAS TX 75202		
TITLE	DV	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/>
NAME	PARRISH, WILLIAM M		
STREET ADDRESS	2200 ONE AMERICAN CENTER, 600 CONGRESS AVE		
CITY-ST-ZIP	AUSTIN TX 78701		
TITLE	DTV	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/>
NAME	JILLSON, ANDREW E		
STREET ADDRESS	1445 ROSS AVE., STE. 3200		
CITY-ST-ZIP	DALLAS TX 75202		
TITLE	DSV	<input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/>
NAME	BLOODWORTH, THOMAS L		
STREET ADDRESS	1445 ROSS AVE., STE. 3200		
CITY-ST-ZIP	DALLAS TX 75202		
TITLE	DV	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/>
NAME	DURBIN, WILLIAM P JR.		
STREET ADDRESS	1445 ROSS AVE., STE. 3200		
CITY-ST-ZIP	DALLAS TX 75202		
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DSV
4.3 STREET ADDRESS	STEVEN LESHIN
4.4 CITY-ST-ZIP	1445 ROSS AVE., STE. 3200 DALLAS TX 75202
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/2/99

24-855-4500

Date

Daytime Phone #

CR2E034 (11/98)