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FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006065 (3)

1. Corporation Name
CROSS COUNTRY LAND SERVICES, INC.

Principal Place of Business

10701 CORPORATE DR. #388
STAFFORD TX 77477

Mailing Address

10701 CORPORATE DR. #388
STAFFORD TX 77477

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1997

4. FEI Number

76-0530854

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 10700 Corporate Dr #100

26 10700 Corporate Dr #100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Stafford, Tx

28 Stafford, Tx

Zip

Country

Zip

Country

24 77477

25 USA

29 77477

30 USA

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME STEVENSON, JAMES H

STREET ADDRESS 2406 CHELSTON CT.

CITY-ST-ZIP SUGARLAND TX 77478

TITLE ☐ DELETE

NAME CROWSTON, ED G

STREET ADDRESS 8787 ICICLE ROAD

CITY-ST-ZIP LEAVENWORTH WA 98826

TITLE ☐ DELETE

NAME STEVENSON, WILLIAM M

STREET ADDRESS 10415 WESTEDGE DR

CITY-ST-ZIP SUGAR LAND TX 77478

TITLE ☐ DELETE

NAME STEVENSON, BEN M

STREET ADDRESS 2 RUSTLING WINDS

CITY-ST-ZIP MONTGOMERY TX 77356

TITLE ☐ DELETE

NAME ORTH, LARRY

STREET ADDRESS 10142 BRIDGEGATE CT

CITY-ST-ZIP DALLAS TX 75243

TITLE ☐ DELETE

NAME

STREET ADDRESS

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.

SIGNATURE:

James H. Stevenson

Larry Orth

4/28/98

281-240-4656

CR2E034 (10/97)