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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90091 020 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000001414 1. Corporation Name

Principal Place of Business

HAMPDEN RIDGE CORPORATION

THE SINCLAIR BLDG 512 MAIN STREET. 14TH FL FORT WORTH TX 76102		THE SINCLAIR BLDG 512 MAIN STREET. 14TH FL FORT WORTH TX 76102				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/12/1998				
2 Principal Pi	lace of Business	2a, Mailing Addr	ress			4. FEI Number	Applied For			(an
21 21		⊢ Ť	26			APPLIED FOR		Not	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certifcate of Status Desired	_ \$8.75 Additional			
City & State			City & State			6. Election Campaign Financing \$5.00 May Be				
23		28	28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	C	Country		8. This corporation owes the current y	ear Intangible			
24	25	29	30			Personal Property Tax.	☐ Yes	}	∑ No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Regis	tered Agent	<u></u>		
				81	Name				. •	
	CORPORATION SYSTEM SOUTH PINE ISLAND ROAD			82	Street Add	ress (P.O. Box Number is Not Acceptable)	25 N 2 21 22		error director	
PLAN	NTATION FL 33324			83				3.46	12 THE 13 CT	
						(1) 表現 · 使展望横军的复数 / 最	191 (12 5) 1 A	Zip C	ode	
				84	City		FL 85	Zip C	.000	
agent. La	m familiar with, and accept the obliga	itions of, Section 607.	.0505, Fiorida S	statutes		ion's board of directors. I hereby accept the		12.5	1.1	
SIGNATURE	Signature, typed or printed name of registered agei		<u> </u>		nt signature require	CO MILION FOR INCHES	ATE AND DIPE	ECTO	DC IN 12	60
12.	OFFICERS AN	ID DIRECTORS	1	13.	nt signature require	ADDITIONS/CHANGES TO OFFICE	RS AND DIRE			14(08)
12. TITLE	PCD OFFICERS AN	ID DIRECTORS	DELETE 1.	13. 1 TITLE	nt signature require	CO MILION FOR INCHES			RS IN 12	7 (44 (00)
12. TITLE NAME	PCD AUTREY, GABRIELA	ID DIRECTORS	DELETE 1.	13. .1 TITLE .2 NAME		ADDITIONS/CHANGES TO OFFICE	RS AND DIRE			(90) (4) (4)
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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 sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changer, or or an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

AUTREY, JOSE L

CAMPOS ELISEOS NO 1 PISO 10

COLONIA POLANCO MEXICO

TITLE

NAME

CITY-ST-ZIP

DELETE

☐ Addition