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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90082 005 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000004722

1. Corporation Name
ASGARD GROUP OF TEXAS, INC.



Principal Place of Business

5757 ROCKPORT LN.
FT. WORTH TX 76137

950 Gemini Ave. Ste. 6
Houston TX 77058

Mailing Address

5757 ROCKPORT LN.
FT. WORTH TX 76137

950 Gemini Ave. Ste. 6
Houston TX 77058

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1998

4. FEI Number

76-0494391

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

21 950 Gemini Ave. Ste. 6

Suite, Apt. #, etc.

22 Suite 6

City & State

23 Houston, TX

Zip

24 77058

Country

25 USA

2a. Mailing Address

26 950 Gemini Ave. Ste. 6

Suite, Apt. #, etc.

27 Suite 6

City & State

28 Houston TX

Zip

29 77058

Country

30 USA

9. Name and Address of Current Registered Agent

DAY, CHRISTOPHER
11433 N.E. 6TH AVE.
BISCAYNE PARK FL 33161

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

5/1/99

12. OFFICERS AND DIRECTORS

TITLE PC ☐ DELETE

NAME DAY, LARRY
STREET ADDRESS 4015 QUIET KNOLL CT.
CITY-ST-ZIP HOUSTON TX 77059

TITLE VD ☐ DELETE

NAME DAY, CHRISTOPHER
STREET ADDRESS 11433 N.E. 6TH AVE.
CITY-ST-ZIP BISCAYNE PARK FL 33161

TITLE STD ☐ DELETE

NAME CROW, JON
STREET ADDRESS 5757 ROCKPORT LN
CITY-ST-ZIP FT. WORTH TX 76137

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STD

5/1/99

281-286-7255

Date

Daytime Phone #

CR2E034 (11/98)