

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

F98000006041

FILED

99 SEP -9 PH 2: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F98000006041 1. Corporation Name SURPAS RESOURCE CORPORATION		

Principal Place of Business 10000 RICHMOND AVENUE, #150 HOUSTON TX 77042	Mailing Address 10000 RICHMOND AVENUE, #150 HOUSTON TX 77042
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 10/30/1998	
24		29		4. FEI Number 76-0184849	
25		30		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
26		31		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
27		32		8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO BADGER, JON P 10000 RICHMOND AVENUE, #150 HOUSTON TX 77042	1.1 TITLE	500002988285
NAME		1.2 NAME	-09/15/99--01098--007
STREET ADDRESS		1.3 STREET ADDRESS	****550.00 ****550.
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
TITLE	SC BADGER, RICHARD C 10000 RICHMOND AVENUE, #150 HOUSTON TX 77042	2.1 TITLE	SC KREISS, DAVID 5 CONCOURSE PKWY. #3100 ATLANTA, GA 30328
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	T SPEER, LARRY R 10000 RICHMOND AVENUE, #150 HOUSTON TX 77042	3.1 TITLE	T KREISS, DAVID 5 CONCOURSE PKWY #3100 ATLANTA, GA 30328
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	D BADGER, PETER W 5847 SAN FELIPE, #4545 HOUSTON TX 77057	4.1 TITLE	D KREISS, DAVID 5 CONCOURSE PKWY #3100 ATLANTA, GA 30328
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	D CRAVEY, RICHARD L JR. 12 PIEDMONT CENTER, #210 ATLANTA, GA 30305
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	D KITCHEN, GARRISON M. 12 PIEDMONT CENTER, #210 ATLANTA, GA 30305
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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, changed or on an attachment with an address.

SIGNATURE: *[Signature]* NATURAL BODGER

JULY 13, 1999 713-952-1498

Date

Daytime Phone #