

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Maynard
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **K65283** (9)

To: Corporation Name

E.A. PINKARD AND ASSOCIATES, INC.

Principal Office Address

**2525 BOLTON BOONE DRIVE
SUITE 1607
DESOTO TX 75115**

Mailing Address

**2525 BOLTON BOONE DRIVE
SUITE 1607
DESOTO TX 75115**

2. Principal Office Address

21

2a. Mailing Address

26

3. Date Incorporation or Qualification

02/07/1989

3a. Date of Last Report

08/19/1994

4. FET Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. This corporation is not subject to the provisions of Chapter 130, Florida Statutes.

☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PINKARD, ELFRED
9050 PINES BLVD #385 A
PEMBROKE PINES FL 33024**

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 13.01 and 13.02, Florida Statutes, this above named corporation submits this statement for the purpose of changing the registered office of the corporation or for the purpose of changing the registered agent. The corporation's board of directors, through its authorized officers, has approved this statement and the appointment of the registered agent. I am

SIGNATURE

(Signature of the person who is authorized to execute this statement)

(Signature of the person who is authorized to execute this statement)

(Signature of the person who is authorized to execute this statement)

12. PREVIOUSLY FILED INFORMATION

13. ADDITIONS TO PREVIOUSLY FILED INFORMATION

1. NAME	D
2. NAME	PINKARD, ELFRED
3. STREET ADDRESS	9050 PINES BLVD #385 A
4. CITY	PEMBROKE PINES FL
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 13.01 and 13.02, Florida Statutes. I further certify that the information included 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 602, Florida Statutes, and that my name appears in Block 12 or Block 13, as applicable, or as an attachment with my address.

SIGNATURE:

Elfred Anthony Pinkard
DIRECTOR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 1995

214-301-5527