FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation Name N42887 (2)					
BOB SIKES CUT OWNERS' ASSOCIATION, INC.					
0000	MED OUT OTHER ADDO				HARRINIAN BILANDIR DIBAR HARRI HALIK IRAH BILAH BIRH BIRH BIRH BIRH BIRH BIRH BIRH BIR
Principal Plac	e of Rusiness	Mailing Address			
5420 LBJ , STE, 626		5420 LBJ FREEWAY STE 626			3. Date Incorporated or Qualified
DALLAS TX 75240		DALLAS TX 75240			04/09/1991 4. FE! Number Applied For
US		US			4. FEI Number Applied For Not Applicable
2. Principal P	lace of Business	2a. Mailing Address			C 75 + 4 80 4
21 26		26	26		5. Certificate of Status Desired
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	 		Election Campaign Financing \$5.00 May Be
22 Ch. 8 Ctot		City & State			Trust Fund Contribution Added to Fees
City & State		28			7. Is this nonprofit corporation a homeowners association?
Zip	Country			,	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes
	9, Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
			81	Name	
FRANCIS, CHARLES A.			82	Street A	Address (P.O. Box Number is Not Acceptable)
1114 NORTH GADSDEN STREET			83		
TALLAHASSEE FL 32303					
			84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the				e-named (
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE .					
	Signature, typed or printed name of registered ager			ent signature i	required when reinstating) DATE
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	WEART, VICKI D.		1.2 NAME		
STREET ADDRESS	5420 LBJ FREEWAY STE 626		1.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX		1.4 CITY - S	1	
TITLE	CDP				Change Addition
NAME	MAHR, GEORGE J.			J	
STREET ADDRESS	5420 LBJ FREEWAY STE 626			ADDRESS	
CITY-ST-ZIP	DALLAS TX	DELETE	2.4 CITY-5	ST-ZIP	Change Addition
TITLE Name	DV ARMISTEAD, WALTER	☐ DETEIL	3.1 TITLE 3.2 NAME	- {	
STREET ADDRESS	BOX 2 N/A		3.3 STREET	ADDAFSS	224 Franklin Boulevard
CITY-ST-ZIP	ST GEORGE ISLAND FL			Y-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE		Change Addition
NAME	FISH, KENNETH G		4. 2 NAME	1	SIM E. Private Road
STREET ADDRESS	517 E PRIVATE ROD		4.3 STREET	ADDRESS	517 E. Trivate Moad
CITY-ST-ZIP	ST GEORGE ISLAND FL	I December	4.4 CITY - S	T-ZIP	A
TITLE		DELETE	5,1 TITLE 5.2 NAME		Change Addition
NAME Street address			5.2 NAME 5.3 STREET	ADDOCCO	
CITY-ST-ZIP			5.4 CITY-S		,
TITLE		DELETE	6.1 TITLE) · EII	☐ Change ☐ Addition
NAME			62 NAME		- - -

14. I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

V129198

FILED

Feb 05 1998 8:00am

Secretary of State