FILE NOW: FILING FEE IS \$61.25

2a. Mailing Address

Suite, Apt. #, etc.

26

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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42887

1. Corporation Name

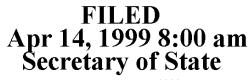
2. Principal Place of Business

Suite, Apt. #, etc.

22

BOB SIKES CUT OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5420 LBJ STE. 626	5420 LBJ FREEWAY STE 626
DALLAS TX 75240	DALLAS TX 75240
US	US



04-14-1999 90115 006 ****61.25



3. Date Incorporated or Qualifed

04/09/1991

75-2434657

FEI Number

City & State	9	City & State			5. Certificate of Status Desired \$8.75 Additional	ł		
23		28			Fee Required	_		
Zip	Country	Zip	Country		6. Election Campaign Financing \$5.00 May Be			
24	25	29 30	0		Trust Fund Contribution Added to Fees			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
			81	Name				
FRANCIS, CHARLES A.			82	Street	Address (P.O. Box Number is Not Acceptable)	\neg		
1114 NORTH GADSDEN STREET								
TALLAHASSEE FL 32303			83			- 1		
			84	City	85 Zip Code			
			1	-	FL []			
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, I am familiar with, and accept the obligations of, Section 617.0503, 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		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	ST	☐ DELETE	1.1 TITLE		☐ Change ☐ Add	JOON		
NAME	WEART, VICKI D.		1.2 NAME					
STREET ADDRESS	5420 LBJ FREEWAY STE 626		1.3 STREET	ADDRESS		i		
CITY-ST-ZIP	DALLAS TX		1.4 CITY-ST	r-ZIP				
TITLE	CDP	☐ DELETE	2.1 TITLE		. Change Add	ition		
NAME	MAHR, GEORGE J.		2.2 NAME					
STREET ADDRESS	5420 LBJ FREEWAY STE 626		2.3 STREET	ADDRESS		- 1		
CITY-ST-ZIP	DALLAS TX		2.4 CITY-S	T-ZIP				
TITLE ==	DV	DELETE	3.1 TITLE		Change Add	ition		
NAME	ARMISTEAD, WALTER		3.2 NAME		:	- 1		
STREET ADDRESS	224 Franklin Boulevard		3.3 STREET	ADDRESS				
CITY+ST-ZIP	ST GEORGE ISLAND FL		3.4. CITY-S	T-ZIP				
TITLE	D	DELETE	4.1 TITLE		☐ Change ☐ Add	ition		
NAME	Fish, Kenneth G		4. 2 NAME			ı		
STREET ADDRESS	517 E. PRIVATE ROAD		4.3 STREET	ADDRESS				
CITY-ST-ZIP	ST GEORGE ISLAND FL		4.4 CITY-S	Γ-ZIP]		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Add	ition		
NAME			5.2 NAME			İ		
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST	r-ZIP				
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Add	ition		
NAME			6.2 NAME					
STREET ADDRESS		•	6.3 STREET	ADDRESS		. \		
CITY-ST-ZIP-	and the second		6.4 CITY-S	r-ZIP		{		
	l *							

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W 8 99

(918)110-2060 Daytime Phone # CR2E037. (11/98)

Applied For

Not Applicable