

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08157

(0)

1. Corporation Name

SOUTH COUNTRY-RORICK CORP.

Principal Place of Business

600 E LAS COLINAS
STE 400
IRVING TX 75039
US

Mailing Address

600 E LAS COLINAS
STE 400
IRVING TX 75039
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/20/1985

3a. Date of Last Report

04/04/1994

4. FEI Number

95-3778707

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

JAHN, GEORGE N.
SUITE 900
201 SOUTH ORANGE AVENUE
ORLANDO FL 32801

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 fee applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROSENFELD, EUGENE S.
STREET ADDRESS	300 NO CONTINENTAL BLVD #370
CITY-ST-ZIP	EL SEGUNDO CA
TITLE	PD
NAME	BARBER, RICHARD
STREET ADDRESS	110 ALAFAYA WOODS BLVD #B
CITY-ST-ZIP	OVIDO FL
TITLE	DV
NAME	HAMILTON, CRAIG
STREET ADDRESS	14035 TAHITI WAY #223
CITY-ST-ZIP	MARINA DEL REY CA
TITLE	D
NAME	BERRY, JOHN C
STREET ADDRESS	600 E LAS COLINAS #400
CITY-ST-ZIP	IRVING TX
TITLE	DV
NAME	WALTON, WILLIAM D
STREET ADDRESS	600 E LAS COLINAS #400
CITY-ST-ZIP	IRVING TX
TITLE	D
NAME	HARRIS, SCOTT
STREET ADDRESS	600 E LAS COLINAS #400
CITY-ST-ZIP	IRVING TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Delete	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Delete	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Delete	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D/VP	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D/VP/AS	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	PD	☒ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in an addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William D. Walton, Vice President

1/10/95

214/831-2000