

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90020 012 ***150.00

DOCUMENT # P09331

1. Corporation Name

CTX INSURANCE AGENCY, INC.

Principal Place of Business

**2728 N HARWOOD ST
DALLAS TX 75201
US**

Mailing Address

**P.O. BOX 199000
DALLAS TX 75219
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1986

4. FEI Number

75-1425434

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 **PD** ☐ DELETE
NAME **OLIVER, FRANCES C.**
STREET ADDRESS **2728 N HARWOOD ST**
CITY-ST-ZIP **DALLAS TX**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VSD** ☒ DELETE
NAME **SOMMERFIELD, JACK**
STREET ADDRESS **3623-C BROADWAY BLVD**
CITY-ST-ZIP **GARLAND TX 75043**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VSD ☐ Change ☒ Addition
HOFFMANN, CHARLES W.
2728 N. HARWOOD ST.
DALLAS, TX 75201

☐ Change ☐ Addition

TITLE **VTD** ☐ DELETE
NAME **ANDERSON, ROSS**
STREET ADDRESS **9441 LBJ FREEWAY #504**
CITY-ST-ZIP **DALLAS TX 75243**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FRANCES OLIVER, PRESIDENT

Date

Daytime Phone #

(214) 981-5000

CR2E034 (11/98)

CTX INSURANCE AGENCY, INC.

Federal ID #: 75-1425434

475749-90020-62
P09331

PRIMARY ADDRESS OF All OFFICERS & DIRECTORS:

2728 North Harwood
Dallas, Texas 75201

DIRECTORS

	Title
Ross T. Anderson	Director
Charles W. Hoffmann	Director
Frances C. Oliver	Director

OFFICERS

	Title
Frances C. Oliver	President
Ross T. Anderson	Vice President and Treasurer
Charles W. Hoffmann	Vice President and Secretary