

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90008 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P20094

1. Corporation Name
FOCP, INC.

Principal Place of Business

Mailing Address

4890 ALPHA ROAD
SUITE 100
DALLAS TX 75244
US

4890 ALPHA ROAD
SUITE 100
DALLAS TX 75244
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/18/1988

4. FEI Number

75-2240196

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 **PVST** ☒ DELETE
 NAME **PETTIT, JESSE W.**
 STREET ADDRESS **3880 W. NORTHWEST HWY, SUITE 350**
 CITY-STATE-ZIP **DALLAS TX 75220**

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS **4890 ALPHA ROAD, SUITE 100**
 1.4 CITY-STATE-ZIP **DALLAS, TX 75244**

TITLE **D** ☐ DELETE
 NAME **PETTIT, JESSE W.**
 STREET ADDRESS **3880 W. NORTHWEST HWY, SUITE 350**
 CITY-STATE-ZIP **DALLAS TX 75220**

2.1 TITLE ☒ Change ☐ Addition
 2.2 NAME **PETTIT, JESS**
 2.3 STREET ADDRESS **4890 ALPHA ROAD, SUITE 100**
 2.4 CITY-STATE-ZIP **DALLAS, TX 75244**

TITLE **D** ☐ DELETE
 NAME **SHAW, LEWIS W., II**
 STREET ADDRESS **3880 W. NORTHWEST HWY, SUITE 350**
 CITY-STATE-ZIP **DALLAS TX 75220**

3.1 TITLE ☒ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS **4890 ALPHA ROAD, SUITE 100**
 3.4 CITY-STATE-ZIP **DALLAS, TX 75244**

TITLE **D** ☒ DELETE
 NAME **SHAW, KENNETH W.**
 STREET ADDRESS **3880 W. NORTHWEST HWY, SUITE 400**
 CITY-STATE-ZIP **DALLAS TX 75220**

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS **5440 HARVEST HILL, SUITE 151**
 4.4 CITY-STATE-ZIP **DALLAS, TX 75230**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☒ Addition
 5.2 NAME **VPST**
 5.3 STREET ADDRESS **J. MICHAEL BRAY**
 5.4 CITY-STATE-ZIP **4890 ALPHA RD., SUITE 100**
DALLAS, TX 75244

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-STATE-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-99

Date

912-628-7400

Daytime Phone #

CR2E034 (11/98)