

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 11 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P26428**

(3)

1. Corporation Name

ENRECO OF TEXAS, INC.

Principal Place of Business

**724 SOUTH POLK STREET, SUITE 450
P.O. BOX 9838
AMARILLO TX 79105-9617**

Mailing Address

**724 SOUTH POLK STREET, SUITE 450
P.O. BOX 9838
AMARILLO TX 79105-9617**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/12/1989

3a. Date of Last Report

06/27/1994

4. FEI Number

75-1898984

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

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

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	PD
NAME	MUSSER, DAVID T
STREET ADDRESS	724 SOUTH POLK ST., #450
CITY - ST - ZIP	AMARILLO TX
TITLE	VD
NAME	DEGROOD, THOMAS J.
STREET ADDRESS	724 SOUTH POLK ST., #450
CITY - ST - ZIP	AMARILLO TX
TITLE	TD
NAME	KOSLOW, GERALD
STREET ADDRESS	724 SOUTH PARK ST #450
CITY - ST - ZIP	AMARILLO TX
TITLE	D
NAME	DALLUGE, JEFFREY M.
STREET ADDRESS	724 SOUTH POLK ST., #450
CITY - ST - ZIP	AMARILLO TX
TITLE	D
NAME	SIMPSON, F. HOWARD
STREET ADDRESS	724 SOUTH POLK ST., #450
CITY - ST - ZIP	AMARILLO TX
TITLE	D
NAME	POOLE, JIM
STREET ADDRESS	724 SOUTH POLK ST., #450
CITY - ST - ZIP	AMARILLO TX

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ 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)(b), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Please Print