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

APPROVED AND FILED
95 MAY -1 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P27830 (9)

1. Corporation Name
SOUTHWEST RECREATIONAL INDUSTRIES, INC.

Principal Place of Business	Mailing Address
701 LEANDER DR. LEANDER TX 78641	701 LEANDER DR. LEANDER TX 78641

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/23/1990
3a. Date of Last Report: 07/05/1994

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 74-2315598 ☐ 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

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

9. Name and Address of Current Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	SEATON, REED J.	1.2 NAME		
STREET ADDRESS	717 CLUCK CREEK TRAIL	1.3 STREET ADDRESS		
CITY-ST-ZIP	CEDAR PARK TX	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VDS	☒ Change ☐ Addition
NAME	WEST, KEVIN C.	2.2 NAME		
STREET ADDRESS	303 DEER TRACE COVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	CEDAR PARK TX	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	ALLISON, ROBERT G.	3.2 NAME		
STREET ADDRESS	16500 SPOTTED EAGLE DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	AUSTIN TX	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	TD	☐ Change ☒ Addition
NAME		4.2 NAME	Mike Brookshire	
STREET ADDRESS		4.3 STREET ADDRESS	633 Chestnut	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Chattanooga, TN 37450	
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	Jim Baker	
STREET ADDRESS		5.3 STREET ADDRESS	633 Chestnut	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Chattanooga, TN 37450	
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	Tim Morris	
STREET ADDRESS		6.3 STREET ADDRESS	633 Chestnut	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Chattanooga, TN 37450	

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 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.

SIGNATURE: _____ 4-26-95 512-259-0080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Reed J. Seaton, President

CHG/ADD FN