

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
01/23/1990

3a. Date of Last Report
05/01/1995

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

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**

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

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

TITLE PD
NAME SEATON, REED J.
STREET ADDRESS 717 CLUCK CREEK TRAIL
CITY-ST-ZIP CEDAR PARK TX ☐ DELETE

TITLE VDS
NAME WEST, KEVIN C.
STREET ADDRESS 303 DEER TRACE COVE
CITY-ST-ZIP CEDAR PARK TX ☐ DELETE

TITLE VD
NAME ALLISON, ROBERT G.
STREET ADDRESS 16500 SPOTTED EAGLE DR.
CITY-ST-ZIP AUSTIN TX ☐ DELETE

TITLE TD
NAME BROOKSHIRE, MIKE
STREET ADDRESS 633 CHESTNUT
CITY-ST-ZIP CHATTANOOGA TN ☐ DELETE

TITLE D
NAME BAKER, JIM
STREET ADDRESS 633 CHESTNUT
CITY-ST-ZIP CHATTANOOGA TN ☐ DELETE

TITLE D
NAME MORRIS, TIM
STREET ADDRESS 633 CHESTNUT
CITY-ST-ZIP CHATTANOOGA TN ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Reed Seaton
1.3 STREET ADDRESS 11109 Pencewood,
1.4 CITY-ST-ZIP Austin, TX 78750 ☒ Change: ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change: ☐ Addition

3.1 TITLE VD
3.2 NAME Bob Allison
3.3 STREET ADDRESS 17700 N. Rim
3.4 CITY-ST-ZIP Leander, TX 78641 ☒ Change: ☐ Addition

4.1 TITLE CFO/Treasurer
4.2 NAME Kathryn Sculdon
4.3 STREET ADDRESS 8208 Cliffview Dr.
4.4 CITY-ST-ZIP Austin TX 78759 ☐ Change: ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change: ☐ Addition

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

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)(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 on an attachment with an address.

SIGNATURE: *Kathryn Sculdon* 3/31/96 5122590000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)