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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P27830 (9)

1. Corporation Name:
SOUTHWEST RECREATIONAL INDUSTRIES, INC.

Principal Place of Business

701 LEANDER DR.
LEANDER TX 78641

Mailing Address

701 LEANDER DR.
LEANDER TX 78641-2024



3. Date Incorporated or Qualified

01/23/1990

3a. Date of Last Report

05/01/1996

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

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

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/7/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME SEATON, REED J.
STREET ADDRESS 11109 PENCEWOOD
CITY-ST-ZIP AUSTIN TX

1.1 TITLE Treasurer ☐ Change ☒ Addition
1.2 NAME Kathryn L. Scanlon
1.3 STREET ADDRESS 8208 Cliffview Drive
1.4 CITY-ST-ZIP Austin TX 78759

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

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME 5017 Spartanburg Cove
2.3 STREET ADDRESS Austin Texas 78730
2.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME ALLISON, ROBERT G.
STREET ADDRESS 17700 N. RIM
CITY-ST-ZIP LEANDER TX

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

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

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

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

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

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

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 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:

[Signature] KATHRYN SCANLON

11/7/97

5122590080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/96)