

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90015 036 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P32126**

1. Corporation Name

FLOWTRONEX INTERNATIONAL, INC.

Principal Place of Business

PO BOX 7095
TYLER TX 75711

Mailing Address

PO BOX 7095
TYLER TX 75711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1990

4. FEI Number

75-2349067

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.

☐ 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE
NAME **WALL, RONALD L**
STREET ADDRESS **5524 CEDAR CREEK LANE**
CITY-ST-ZIP **DALLAS TX**

1.1 TITLE **VD** ☒ Change ☐ Addition
1.2 NAME **Wall, Ronald L**
1.3 STREET ADDRESS **5600 Champions Drive**
1.4 CITY-ST-ZIP **Plano, TX 75093**

TITLE **VD** ☐ DELETE
NAME **PENNINGTON, PAUL G**
STREET ADDRESS **7000 GLENEAGLE DRIVE**
CITY-ST-ZIP **TYLER TX**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Pennington, Paul G**
2.3 STREET ADDRESS **101 St. Andrews**
2.4 CITY-ST-ZIP **Lindale, TX 75771**

TITLE **SD** ☐ DELETE
NAME **JONES, AL W**
STREET ADDRESS **3507 MATT LANE**
CITY-ST-ZIP **TYLER TX**

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

TITLE **PD** ☐ DELETE
NAME **MARSH, WILLIAM H**
STREET ADDRESS **4021 ELLA LEE LN**
CITY-ST-ZIP **HOUSTON TX**

4.1 TITLE **PD** ☒ Change ☐ Addition
4.2 NAME **Marsh, William H**
4.3 STREET ADDRESS **Three Brompton Court**
4.4 CITY-ST-ZIP **Houston, TX 77024**

TITLE **VD** ☐ DELETE
NAME **MADISON, MICHAEL W**
STREET ADDRESS **3809 COVINTON**
CITY-ST-ZIP **PLANO TX**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **VD** ☐ Change ☒ Addition
6.2 NAME **David C. Brockway**
6.3 STREET ADDRESS **4675 Bridle Path Lane**
6.4 CITY-ST-ZIP **Dublin, OH 43017**

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.

SIGNATURE:

NOTED **REQUIRED**

Date

Daytime Phone #

972/857-8533

x101

7/26/99

CR2E034 (5/99)

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