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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P34440

(8)

1. Corporation Name

FAMLICO, INC.

Principal Place of Business

2909 N. BUCKNER BLVD.
DALLAS TE 75228
US

Mailing Address

2909 N. BUCKNER BLVD.
DALLAS TE 75228
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/18/1991

3a. Date of Last Report

01/28/1994

4. FEI Number

75-2379399

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME MCARA CAM
STREET ADDRESS 2909 N. BUCKNER BLVD.
CITY-ST-ZIP DALLAS TE

TITLE VP
NAME GAISBAUER, MICHAEL
STREET ADDRESS 2909 N. BUCKNER BLVD.
CITY-ST-ZIP DALLAS TE

TITLE S
NAME HUTCHISON, LARRY
STREET ADDRESS 2909 NORTH BUCKNER BLVD
CITY-ST-ZIP DALLAS TX

TITLE T
NAME COLEMAN, GARY
STREET ADDRESS 2909 NORTH BUCKNER BLVD
CITY-ST-ZIP DALLAS TX

TITLE D
NAME RICHEY, R.K.
STREET ADDRESS 2001 THIRD AVENUE SOUTH
CITY-ST-ZIP BIRMINGHAM AL

TITLE D
NAME TUCKER, KEITH
STREET ADDRESS 2001-3RD AVENUE SOUTH
CITY-ST-ZIP BIRMINGHAM AL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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)(4), Florida Statutes. I further certify that the information included 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, or both, on this attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry M. Hutchison

Date

3-15-95 214-320-6245