

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

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 # **P35780** (6)
1. Corporation Name
DAWSON CAPITAL CORPORATION

Principal Place of Business 1100 N UNIVERSITY STE 1 LITTLE ROCK AR 72207 US	Mailing Address 1100 N UNIVERSITY STE 1 LITTLE ROCK AR 72207-6344 US
---	--



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/04/1991	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 71-0709897	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. 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
				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	PTD	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	DAWSON, J. DALE			1.2 NAME			
STREET ADDRESS	1100 N UNIVERSITY			1.3 STREET ADDRESS			
CITY- ST- ZIP	LITTLE ROCK AR 72207			1.4 CITY- ST- ZIP			
TITLE	S	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	YATES, MELISSA M			2.2 NAME			
STREET ADDRESS	1100N UNIVERSITY STE 1			2.3 STREET ADDRESS			
CITY- ST- ZIP	LITTLE ROCK AR			2.4 CITY- ST- ZIP			
TITLE	VPD	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	DAWSON, JUDITH SCOTT			3.2 NAME			
STREET ADDRESS	1100 N UNIVERSITY			3.3 STREET ADDRESS			
CITY- ST- ZIP	LITTLE ROCK AR 72207			3.4 CITY- ST- ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY- ST- ZIP				4.4 CITY- ST- ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY- ST- ZIP				5.4 CITY- ST- ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY- ST- ZIP				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:

J. Dawson **J.D. Dawson** President 4-11-97 501-290-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)