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FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P35972** **(9)**

1. Corporation Name
AMR COMBS, INC.

Principal Place of Business	Mailing Address
4333 AMOM CARTER BLVD STE 5675 FORT WORTH TX 76155-2605 US	4333 AMOM CARTER BLVD STE 5675 FORT WORTH TX 76155-2605 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1991

4. FEI Number: 48-1052682 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CRANDALL, R.L.		1.2 NAME	
STREET ADDRESS	5243 PARK LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CARTY, D.J.		2.2 NAME	
STREET ADDRESS	8812 DOUGLAS LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX		2.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, ROBERT P.		3.2 NAME	
STREET ADDRESS	4333 AMOM CARTER BLVD., MD 5675		3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX 76155-2605		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MARLETT, C.D.		4.2 NAME	
STREET ADDRESS	4333 AMOM CARTER BLVD., MD 5675		4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX 76155-2605		4.4 CITY-ST-ZIP	
TITLE	VT	☒ DELETE	5.1 TITLE	VT ☒ Change ☐ Addition
NAME	JACKSON, JEFFREY M.		5.2 NAME	Jeffrey C. Campbell
STREET ADDRESS	4333 AMOM CARTER BLVD., MD5675		5.3 STREET ADDRESS	4333 Amon Carter Blvd., MD 5675
CITY-ST-ZIP	FORT WORTH TX		5.4 CITY-ST-ZIP	Fort Worth, TX 76155
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ARDEY, GERARD J.		6.2 NAME	ARPEY
STREET ADDRESS	4333 AMOM CARTER BLVD., MD 5675		6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX 76155-2605		6.4 CITY-ST-ZIP	

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.

C.D. Marlett 4/22/98 817-847-1454

CR2E034 (10/97)