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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P37277

1. Corporation Name

TCI TKR OF THE GULF PLAINS, INC.

Principal Place of Business

**5619 DTC PKWY
TAX DEPT
ENGLEWOOD CO 80111
US**

Mailing Address

**PO BOX 5630
TAX DEPT
DENVER CO 80217
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1992

4. FEI Number

59-2638402

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE AV ☒ DELETE

NAME **BLAYLOCK, GARY**

STREET ADDRESS **5619 DTC PKWY**

CITY-ST-ZIP **ENGLEWOOD CO**

TITLE PD ☒ DELETE

NAME **BARBERINI, THOMAS R**

STREET ADDRESS **2204 LAKE SHORE DR SUITE 325**

CITY-ST-ZIP **BIRMINGHAM AL**

TITLE VS ☐ DELETE

NAME **BRETT, STEPHEN M**

STREET ADDRESS **5619 DTC PKWY**

CITY-ST-ZIP **ENGLEWOOD CO**

TITLE AV ☐ DELETE

NAME **GOOKIN, NOLAN**

STREET ADDRESS **5619 DTC PARKWAY**

CITY-ST-ZIP **ENGLEWOOD CO**

TITLE VT ☐ DELETE

NAME **SCHOTTERS, BERNARD W II**

STREET ADDRESS **5619 DTC PKWY**

CITY-ST-ZIP **ENGLEWOOD CO**

TITLE D ☒ DELETE

NAME **JONES, MARVIN**

STREET ADDRESS **5619 DTC PARKWAY**

CITY-ST-ZIP **ENGLEWOOD CO 80111**

1.1 TITLE T ☐ Change ☒ Addition

1.2 NAME **KNOWLES, PETER**

1.3 STREET ADDRESS **5619 DTC PARKWAY**

1.4 CITY-ST-ZIP **ENGLEWOOD, CO 80111**

2.1 TITLE P/D ☐ Change ☒ Addition

2.2 NAME **BARTOLOTTA, CHARLES**

2.3 STREET ADDRESS **5619 DTC PARKWAY**

2.4 CITY-ST-ZIP **ENGLEWOOD, CO 80111**

3.1 TITLE V/AS ☒ 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 V/AT ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FITZGERALD, WILLIAM R.

5619 DTC PARKWAY

ENGLEWOOD, CO 80111

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, with all other like empowered.

SIGNATURE:

John D. Gookin

John D. Gookin
Assistant Vice President 7/4/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)