

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED MAY - 1 1995 RECEIVED STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P38583 (1)					
1. Corporation Name FADCO, INC.					
Principal Place of Business 1001 FANNIN SUITE 4356 HOUSTON TX 77002 US			Mailing Address P.O. BOX 123 ALVIN TX 77512 US		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/29/1992	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		3a. Date of Last Report 05/01/1994	
23 City & State		28 City & State		4. FEI Number 76-0367822	
24		29		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under S. 198.032, Florida Statutes ☐ Yes ☒ No					
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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					
12. OFFICERS AND DIRECTORS					
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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)(g), 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 liquidator 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: William T. Bramblett SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR William T. Bramblett, Dir.					
3/3/95 (713) 331-6154					