

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

PROFIT  
CORPORATION  
ANNUAL REPORT



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

1999

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90080 044 \*\*\*150.00

**DOCUMENT # P38667**

1. Corporation Name

**FIRST AMERICA CAPITAL CORPORATION**

Principal Place of Business

1019 S HOOD ST  
ALVIN TX 77511  
US

Mailing Address

P.O. BOX 123  
ALVIN TX 77512-0123  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1992

4. FEI Number

76-0367909

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND BOULEVARD  
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME RYAN, WILLIAM A.  
STREET ADDRESS 1019 S HOOD  
CITY-ST-ZIP ALVIN TX

1.1 TITLE PD  
1.2 NAME HAWK, PHILIP J.  
1.3 STREET ADDRESS 200 HERMANN DR.  
1.4 CITY-ST-ZIP ALVIN, TX 77511

TITLE VP  
NAME THOLAN, KENNETH M  
STREET ADDRESS 1019 S HOOD  
CITY-ST-ZIP ALVIN TX

2.1 TITLE VP  
2.2 NAME THOLAN, KENNETH M  
2.3 STREET ADDRESS 1019 S HOOD  
2.4 CITY-ST-ZIP ALVIN, TX 77511

TITLE TS  
NAME ROGERS, MARGIE E.  
STREET ADDRESS 1019 S HOOD  
CITY-ST-ZIP ALVIN TX

3.1 TITLE TS  
3.2 NAME OWEN, TED W.  
3.3 STREET ADDRESS 200 HERMANN DR.  
3.4 CITY-ST-ZIP ALVIN, TX 77511

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-99

Date

Daytime Phone #

CR2E034 (11/98)