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Apr 22, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P95000079561

1. Corporation Name
9270 EAGLE RANCH ROAD INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O STATE BOARD OF ADMINISTRATION
SUITE 600
TALLAHASSEE FL 32308
US

Mailing Address
P.O. BOX 13300
SUITE 600
TALLAHASSEE FL 32317-3300
US

3. Date Incorporated or Qualified
10/17/1995

4. FEI Number
85-0435772

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 1801 Hermitage Blvd.
Suite, Apt. #, etc.
22 600
City & State
23 Tallahassee, FL
Zip Country
24 32308 25 US

2a. Mailing Address
26 1801 Hermitage Blvd.
Suite, Apt. #, etc.
27 600
City & State
28 Tallahassee, FL
Zip Country
29 32308 30 US

9. Name and Address of Current Registered Agent
TODD, DAVID E
1801 HERMITAGE BOULEVARD
SUITE 100
TALLAHASSEE FL 32308

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
FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BOULEVARD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, TODD A	
STREET ADDRESS	1801 HERMITAGE BOULEVARD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SMITH, ANDREWS G	
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY, SUITE 800	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PLUMLEE, DANIEL L	
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY, SUITE 800	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WELCH, MARK V	
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY, SUITE 800	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	DINGMAN, JOSEPH W	
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY, SUITE 800	
CITY-ST-ZIP	DALLAS TX 75231	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James W. Horton	
1.3 STREET ADDRESS	1801 Hermitage Blvd.	
1.4 CITY-ST-ZIP	Tallahassee, FL 32308	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jeffrey L. Smith	
2.3 STREET ADDRESS	1801 Hermitage Blvd.	
2.4 CITY-ST-ZIP	Tallahassee, FL 32308	
3.1 TITLE	VAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Luanne K. Good	
3.3 STREET ADDRESS	1801 Hermitage Blvd.	
3.4 CITY-ST-ZIP	Tallahassee, FL 32308	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Douglas W. Bennett, Director 4/20/99 850-488-4406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)