

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90001 029 ***158.75

DOCUMENT # P96000003235 ✓

1. Corporation Name

Temixco-Jacksonville, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1-10-96

4. FEI Number

74-2769372

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 1222 S Third Street
Suite, Apt. #, etc.

2a. Mailing Address

26 1222 S Third Street
Suite, Apt. #, etc.

22 City & State

23 Jacksonville, FL
Zip Country

24 32250 25 U.S.A.

27 City & State

28 Jacksonville, FL
Zip Country

29 32250 30

9. Name and Address of Current Registered Agent

Gary B. Goldman
20700 West Dixie Highway
Suite 100
North Miami Beach, FL 33180

10. Name and Address of New Registered Agent

81 Name

John McE. Miller

82 Street Address (P.O. Box Number is Not Acceptable)

333 N First Street

83 Suite 305

84 City

Jacksonville Beach, FL

85 Zip Code

32250

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 John McE. Miller

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-22-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D ☒ DELETE
NAME Connie E. Dawson
STREET ADDRESS 5220 Sidesaddle Dr.
CITY-ST-ZIP Jacksonville, FL 32257 ☒ DELETE

TITLE V/D
NAME Roberto Barrios-Gaxiola
STREET ADDRESS 9344 Briar Forest
CITY-ST-ZIP Houston, TX 77057 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME Ricardo L. Valencia
1.3 STREET ADDRESS 8102 Seven Mile Drive
1.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082 ☒ Change ☐ Addition

2.1 TITLE S/D
2.2 NAME Robert J. Pastori
2.3 STREET ADDRESS 1254 Fish Hook Way
2.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082 ☒ Change ☐ Addition

3.1 TITLE D
3.2 NAME Mary K. Pastori
3.3 STREET ADDRESS 1254 Fish Hook Way
3.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082 ☐ Change ☐ Addition

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

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

6.1 TITLE ☐ Change ☐ 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: Ricardo L. Valencia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

Date

904-246-2884

Daytime Phone #

CR2E034 (11/98)