

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 22 AM 9:51

DOCUMENT # F93000002533 (8)

1. Corporation Name  
TRICON CONSTRUCTION, INC. OF TEXAS

Principal Place of Business: 151 SOUTHWEST PLAZA, #210 ARLINGTON TX 76016  
Mailing Address: 151 SOUTHWEST PLAZA, #210 ARLINGTON TX 76016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/28/1993  
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business: 21. 101 N. Greenville Ave. State: TX City: Allen, TX Zip: 75002 Country: USA  
2a. Mailing Address: 26. 101 N. Greenville Ave. State: TX City: Allen, TX Zip: 75002 Country: USA

4. FET Number: 75-2483754  
5. Certificate of Mergers/Consolidation:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent  
B1 Name: \_\_\_\_\_  
B2 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
B3 City: \_\_\_\_\_  
B4 State: FL B5 Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0602 and 607.1004, 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 607.0604, Florida Statutes.

SIGNATURE: *Keziah Costin* Keziah Costin Sec. Treas. 2/13/95

12. OFFICERS AND DIRECTORS

12A	PCD COSTIN, CHARLES W 3307 PIMLICO DRIVE ARLINGTON TX 76017
12B	SD COSTIN, KEZIAH C 3307 PIMLICO DRIVE ARLINGTON TX 76017
12C	
12D	
12E	
12F	
12G	
12H	
12I	
12J	
12K	
12L	
12M	
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12Q	
12R	
12S	
12T	
12U	
12V	
12W	
12X	
12Y	
12Z	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13A	1. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13B	2. NAME	
13C	1. STREET ADDRESS	5 Ventura Cir
13D	1. CITY, ST, ZIP	Wylie, TX 75098
13E	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13F	2. STREET ADDRESS	5 Ventura Cir
13G	2. CITY, ST, ZIP	Wylie, TX 75098
13H	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13I	3. STREET ADDRESS	
13J	3. CITY, ST, ZIP	
13K	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13L	4. STREET ADDRESS	
13M	4. CITY, ST, ZIP	
13N	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13O	5. STREET ADDRESS	
13P	5. CITY, ST, ZIP	
13Q	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13R	6. STREET ADDRESS	
13S	6. CITY, ST, ZIP	
13T	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13U	7. STREET ADDRESS	
13V	7. CITY, ST, ZIP	
13W	8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13X	8. STREET ADDRESS	
13Y	8. CITY, ST, ZIP	
13Z	9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13AA	9. STREET ADDRESS	
13AB	9. CITY, ST, ZIP	
13AC	10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13AD	10. STREET ADDRESS	
13AE	10. CITY, ST, ZIP	
13AF	11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13AG	11. STREET ADDRESS	
13AH	11. CITY, ST, ZIP	
13AI	12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13AJ	12. STREET ADDRESS	
13AK	12. CITY, ST, ZIP	
13AL	13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13AM	13. STREET ADDRESS	
13AN	13. CITY, ST, ZIP	
13AO	14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13AP	14. STREET ADDRESS	
13AQ	14. CITY, ST, ZIP	
13AR	15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13AS	15. STREET ADDRESS	
13AT	15. CITY, ST, ZIP	
13AU	16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13AV	16. STREET ADDRESS	
13AW	16. CITY, ST, ZIP	
13AX	17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13AY	17. STREET ADDRESS	
13AZ	17. CITY, ST, ZIP	
13BA	18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13BB	18. STREET ADDRESS	
13BC	18. CITY, ST, ZIP	
13BD	19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13BE	19. STREET ADDRESS	
13BF	19. CITY, ST, ZIP	
13BG	20. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13BH	20. STREET ADDRESS	
13BI	20. CITY, ST, ZIP	
13BJ	21. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13BK	21. STREET ADDRESS	
13BL	21. CITY, ST, ZIP	
13BM	22. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13BN	22. STREET ADDRESS	
13BO	22. CITY, ST, ZIP	
13BP	23. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13BQ	23. STREET ADDRESS	
13BR	23. CITY, ST, ZIP	
13BS	24. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13BT	24. STREET ADDRESS	
13BU	24. CITY, ST, ZIP	
13BV	25. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13BV	25. STREET ADDRESS	
13BV	25. CITY, ST, ZIP	
13BV	26. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13BV	26. STREET ADDRESS	
13BV	26. CITY, ST, ZIP	
13BV	27. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13BV	27. STREET ADDRESS	
13BV	27. CITY, ST, ZIP	
13BV	28. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13BV	28. STREET ADDRESS	
13BV	28. CITY, ST, ZIP	
13BV	29. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13BV	29. STREET ADDRESS	
13BV	29. CITY, ST, ZIP	
13BV	30. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13BV	30. STREET ADDRESS	
13BV	30. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and does not qualify for the exemption stated in Section 190.012, Florida Statutes. I further certify that the information included on this annual report is a complete and correct statement of the corporation's business and affairs and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the secretary of the corporation as reported to create this report as required by Chapter 632, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or as an attorney-at-law with an address:

SIGNATURE: *Keziah Costin* Keziah Costin Sec. Treas. 2/13/95 214-442-0870