

**SECURITY NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$725 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**APPROVED AND FILED**

95 JUL -5 AM 9:45

SECRET OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F94000003874 (4)**

1. Corporation Name

**DALLAS AIRMOTIVE, INC.**

Principal Place of Business

6114 FOREST PARK ROAD  
DALLAS TX 75235

Mailing Address

6114 FOREST PARK ROAD  
DALLAS TX 75235

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/25/1994** 3a. Date of Last Report

4. FEI Number **75-2530158** Applied For  Not Applicable

5. Certificate of Status Deferred  \$8.75 Additional Fee Required

6. Election Campaign Financing  \$5.00 May Be Added to Fees

7. Does corporation have liability for sales tax for use under 1993 Florida Statutes  Yes  No

2. Principal Place of Business

21. State, Apt. # etc

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. 16415 Addison Rd.

27. Suite 301

28. Dallas TX

29. 75248

30. USA

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. City

84. State

**FL**

85. Zip Code

11. I warrant to the provisions of Sections 607.0207 and 607.1508, Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered office or registered agent in both in the State of Florida. Such change was authorized by the corporation's board of directors, or by the appointment of a registered agent. I am familiar with and accept the provisions of the Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

13. AGENTS FOR SERVICE OF PROCESS AND DIRECTORS (If Any)

NAME: **PC KINCAID, THOMAS R**  
ADDRESS: **6114 FOREST PARK ROAD**  
CITY: **DALLAS TX 75235**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_

NAME: **George Derby**  
ADDRESS: **7511 Lemmon Ave., Bldg. B**  
CITY: **Dallas, TX 75207-3017**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_

NAME: **Lynn Edgington**  
ADDRESS: **7511 Lemmon Ave., Bldg. B**  
CITY: **Dallas, TX 75207-3017**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_

NAME: **Richard Jones**  
ADDRESS: **8117 Preston Rd., Suite 440**  
CITY: **Dallas, TX 75225**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_

NAME: **Dan P. Konnenovich**  
ADDRESS: **7511 Lemmon Ave., Bldg. B**  
CITY: **Dallas, TX 75207-3017**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_

NAME: **Bruce E. Weaver**  
ADDRESS: **7511 Lemmon Ave., Bldg. B**  
CITY: **Dallas, TX 75207-3017**

14. I warrant to the provisions of Sections 607.0207 and 607.1508, Florida Statutes. I warrant only that the information submitted in this report is true and correct to the best of my knowledge and belief. I warrant that the information submitted in this report is true and correct to the best of my knowledge and belief. I warrant that the information submitted in this report is true and correct to the best of my knowledge and belief. I warrant that the information submitted in this report is true and correct to the best of my knowledge and belief.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6/22/95 (214) 733-0772

CR2E034 (3-95)