



STATE OF ARIZONA
CORPORATION COMMISSION



BUSINESS CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE
DOMESTIC

FOR FISCAL YEAR ENDING 05/31/1996

DUE ON OR BEFORE 09/15/1996

The following information is required by A.R.S. §10-125 for all general corporations organized for profit, professional corporations, and business trusts authorized to transact business in Arizona. The Commission's authority to prescribe this form is A.R.S. §10-142. MAKE CHANGES OR CORRECTIONS WHERE NECESSARY.

Corporation File: -0719603-5
Corporation Name: D.H. MELTON COMPANY, INC.
Address: 1221 E DEL RIO

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NOV 25 1996

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION
AZ 85282-

City, State, Zip: TEMPE
Domicile: ARIZONA
Type: PROFIT

RECEIVED

AUG 12 1996

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

Arizona Statutory Agent: JAMES T MILLIKEN
Street Address: 5110 N 44TH ST STE L100
(NOT P.O. BOX)

City, State, Zip: PHOENIX AZ 85018-0000

1. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation in Arizona.

- | | | |
|---|--|--|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 16. General Consulting | <input type="checkbox"/> 31. Restaurant/Bar |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 17. Health Care | <input type="checkbox"/> 32. Retail Sales |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 18. Hotel/Motel | <input type="checkbox"/> 33. Science/Research |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 19. Import/Export | <input type="checkbox"/> 34. Sports/Sporting Events |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 20. Insurance | <input type="checkbox"/> 35. Tax Services |
| <input type="checkbox"/> 6. Attorneys at Law | <input type="checkbox"/> 21. Legal Services | <input type="checkbox"/> 36. Technology (Computer) |
| <input type="checkbox"/> 7. Banking/Finance | <input type="checkbox"/> 22. Manufacturing | <input type="checkbox"/> 37. Technology (General) |
| <input type="checkbox"/> 8. Barbers/Cosmetology | <input type="checkbox"/> 23. Medicine/Dentistry | <input type="checkbox"/> 38. Television/Radio |
| <input type="checkbox"/> 9. Construction | <input type="checkbox"/> 24. Mining | <input type="checkbox"/> 39. Tourism/Convention Services |
| <input type="checkbox"/> 10. Contractor | <input type="checkbox"/> 25. News Media | <input type="checkbox"/> 40. Transportation |
| <input type="checkbox"/> 11. Credit/Collection | <input type="checkbox"/> 26. Pharmaceutical | <input type="checkbox"/> 41. Utilities |
| <input type="checkbox"/> 12. Education | <input type="checkbox"/> 27. Publishing/Printing | <input type="checkbox"/> 42. Veterinary Medicine/
Animal Care |
| <input type="checkbox"/> 13. Engineering | <input type="checkbox"/> 28. Ranching/Livestock | <input checked="" type="checkbox"/> 43. Other <u>Distributor</u> |
| <input type="checkbox"/> 14. Entertainment | <input type="checkbox"/> 29. Real Estate | |
| <input type="checkbox"/> 15. Farming | <input type="checkbox"/> 30. Resort | |

ACC USE ONLY	
Fee	\$ <u>50.00</u>
Penalty	\$ _____
Total	\$ _____

2. NUMBER OF EMPLOYEES: Please check one. (For statistical purposes only.)

25 or Less ☒ 26 - 100 _____ 101 - 500 _____ Over 500 _____

3. ~ ~ If appointing a new statutory agent, the new agent MUST consent to that appointment and PRESIDENT ~ ~
~ ~ or VICE PRESIDENT must sign this report. ~ ~

I, (individual) or We, (corporation) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Statutory Agent Name

Address

Signature

City, State, Zip

4. **CAPITALIZATION:** (NOTE: Business Trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust (e.)

Number of Shares Authorized	Class	Series	Par Value
1,000,000	Common		\$1.00

Number of Shares Issued	Class	Series	Par Value
5,000	Common		\$1.00

-- ATTACH ADDITIONAL SHEETS IF NECESSARY --

5. **OFFICERS**

PRESIDENT: DOUG MELTON

VICE PRESIDENT: _____

Address: 1221 EAST DEL RIO DRIVE

Address: _____

TEMPE, AZ 85282

Date taking office: 6/1/94

Date taking office: _____

SECRETARY: *Ronnae*
~~DOUG~~ MELTON

TREASURER: _____

Address: 1221 EAST DEL RIO DRIVE

Address: _____

TEMPE, AZ 85282

Date taking office: 6/1/94

Date taking office: _____

6. **DIRECTORS**

NAME: DOUG MELTON

NAME: _____

Address: 1221 EAST DEL RIO DRIVE

Address: _____

TEMPE, AZ 85282

Date taking office: 6/1/94

Date taking office: _____

NAME: _____

NAME: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

7. **SHAREHOLDERS** of record holding more than 20% of any class of shares issued by the corporation or having more than 20% beneficial interest in the corporation. If none, so state.

NAME DOUG MELTON

NAME _____

NAME _____

NAME _____

Certified
Public
Accountants



Clark & Jones

(602) 897-2300

July 10, 1996

Board of Directors
D. H. Melton Co., Inc.
Tempe, Arizona

We have compiled the accompanying balance sheet of D. H. Melton Co., Inc. as of May 31, 1996, included in the accompanying prescribed form.

Our compilation was limited to presenting in the form prescribed by the Arizona Corporation Commission information that is the representation of management. We have not audited or reviewed the balance sheet referred to above and, accordingly, do not express an opinion or any other form of assurance on it.

The balance sheet is presented in accordance with the requirements of the Arizona Corporation Commission, which differ from generally accepted accounting principles. Accordingly, the balance sheet is not designed for those who are not informed about such differences.

Clark & Jones

Part I Tax Computation (See page 15 of instructions.)

1 Income tax. If the corporation is a qualified personal service corporation (see page 15), check here <input type="checkbox"/>		1	
2a General business credit. Check if from: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form 3468 <input type="checkbox"/> Form 5884 <input type="checkbox"/> Form 6478 <input type="checkbox"/> Form 6765 <input type="checkbox"/> Form 8586 <input type="checkbox"/> Form 8830 <input type="checkbox"/> Form 8826 <input type="checkbox"/> Form 8835 <input type="checkbox"/> Form 8844 <input type="checkbox"/> Form 8845 <input type="checkbox"/> Form 8846 <input type="checkbox"/> Form 8847			326
b Credit for prior year minimum tax (attach Form 8827)		2a	
		2b	
3 Total credits. Add lines 2a and 2b		3	
4 Subtract line 3 from line 1		4	326
5 Recapture taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611		5	
6 Alternative minimum tax (attach Form 4626)		6	
7 Total tax. Add lines 4 through 6. Enter here and on line 27, page 1		7	326

Part II Other Information (See page 17 of instructions.)

1 See page 19 of the instructions and state the principal: a Business activity code no. 5008 b Business activity MFG & DIST c Product or service CUST IND MIXING		5a If an amount is entered on line 2, page 1, see the worksheet on page 12 for amounts to enter below: (1) Purchases 45,342 (2) Additional sec. 263A costs (see instructions-attach schedule) (3) Other costs (attach schedule). S.T. .5. 3,084
2 Did any individual, partnership, estate, or trust at the end of the tax year own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," attach a schedule showing name and identifying number. ST 4		b Do the rules of section 263A (for property produced or acquired for resale) apply to the corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3 Enter the amount of tax-exempt interest received or accrued during the tax year. \$		6 At any time during the 1995 calendar year, did the corporation have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," the corporation may have to file Form TD F 90-22.1 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter foreign country
4 Enter amount of cash distributions and the book value of property (other than cash) distributions made in this tax year. \$		

Part III Balance Sheets

		(a) Beginning of tax year	(b) End of tax year
ASSETS	1 Cash	12,172	16,040
	2a Trade notes and accounts receivable	17,120	440
	b Less allowance for bad debts	()	()
	3 Inventories	17,800	22,386
	4 U.S. government obligations		
	5 Tax-exempt securities (see instructions)		
	6 Other current assets (attach schedule)		
	7 Loans to stockholders		
	8 Mortgage and real estate loans		
	9a Depreciable, depletable, and intangible assets	69,887	79,299
	b Less accumulated depreciation, depletion, and amortization	(57,678)	(61,454)
	10 Land (net of any amortization)		
11 Other assets (attach schedule)			
12 Total assets	59,301	56,711	
STOCKHOLDERS' EQUITY & U.	13 Accounts payable	10,493	3,993
	14 Other current liabilities (attach schedule) SEE .STMT. 6	2,817	5,188
	15 Loans from stockholders	31,787	28,767
	16 Mortgages, notes, bonds payable	4,200	5,848
	17 Other liabilities (attach schedule)		
	18 Capital stock (preferred and common stock)	5,000	5,000
	19 Paid-in or capital surplus		
	20 Retained earnings	5,004	7,915
	21 Less cost of treasury stock	()	()
	22 Total liabilities and stockholders' equity	59,301	56,711

Part IV Reconciliation of Income (Loss) per Books With Income per Return

(You are not required to complete Part IV if the total assets on line 12, column (b), Part III are less than \$25,000.)

1 Net income (loss) per books	2,911	6 Income recorded on books this year not included on this return (itemize)	
2 Federal income tax	326	7 Deductions on this return not charged against book income this year (itemize)	
3 Excess of capital losses over capital gains		8 Income (line 24, page 1). Enter the sum of lines 1 through 5 less the sum of lines 6 and 7	3,237
4 Income subject to tax not recorded on books this year (itemize)			
5 Expenses recorded on books this year not deducted on this return (itemize)			

9.A. CERTIFICATE OF DISCLOSURE (A.R.S. §10-128)

Has any person serving either by election or appointment as officers, directors, trustees, incorporators and persons controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation:

1. Been convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate;
2. Been convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate;
3. Been or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order:

- (a) involved the violation of fraud or registration provisions of the securities laws of that jurisdiction, or
- (b) involved the violation of the consumer fraud laws of that jurisdiction, or
- (c) involved the violation of the antitrust or restraint of trade laws of that jurisdiction?

YES ☐

NO ☒

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- | | |
|---|---|
| 1. Full name and prior names used. | 5. Date and location of birth. |
| 2. Full birth name. | 6. Social Security Number |
| 3. Present home address. | 7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). | |

9.B. STATEMENT OF BANKRUPTCY (A.R.S. §10-128.01)

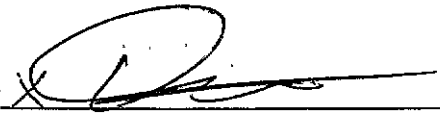
Are you currently in federal bankruptcy proceedings, and if so, under which chapter of federal bankruptcy law is the action filed and on what date?

Yes ☐ Chapter ☐ Date Filed ☐ Case Number ☐ No ☒

10. This report must be executed by the corporation and attested by its president, a vice-president, secretary, assistant secretary or treasurer. (If the corporation is in the hands of a receiver or trustee, it shall be executed on behalf of the corporation.)

DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

By X  Date X 11/22/96 By X Date X
Title X President Title X