



STATE OF ARIZONA
CORPORATION COMMISSION
CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE



DUE ON OR BEFORE 04/27/1998

FILING FEE \$10.00

The following information is required by A.R.S. §10-1622 & §10-2501 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §10-121.A. & §10-2545.A. **YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM.** Make changes or corrections where necessary. See instructions for proper format. **REFER TO THE INSTRUCTIONS ON PAGE 4.**

1. **MOGOLLON ESTATES, INC.**
~~% BILL R PREECE~~ JAMES KELLEY-
~~PO BOX 937~~ P.O. BOX 2009 -
~~2283 LINDBERG CIR~~ 2965 Lookout Lane -
OVERGAARD, AZ 85933 Overgaard, AZ. 85933-

Corporation File Number:

Business Phone:

(Business phone is optional)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: ~~BILL R PREECE~~ JAMES KELLEY -
Street Address: ~~2283 LINDBERG CIR~~ 2965 Lookout Lane -
(NOT P.O. BOX) Overgaard, AZ. 85933-
City, State, Zip: OVERGAARD AZ 85933-

ACC USE ONLY

Fee \$ 10

Penalty \$

Reinstate \$

Expedite \$

Total \$ 10

FY97-98

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below.

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

Signature

JAMES KELLEY

3. Secondary Address:
(Foreign Corporations are
REQUIRED to complete
this section)

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

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

NON-PROFIT CORPORATIONS

- | |
|--|
| <input type="checkbox"/> 1. Charitable |
| <input type="checkbox"/> 2. Benevolent |
| <input type="checkbox"/> 3. Educational |
| <input type="checkbox"/> 4. Civic |
| <input type="checkbox"/> 5. Political |
| <input type="checkbox"/> 6. Religious |
| <input type="checkbox"/> 7. Social |
| <input type="checkbox"/> 8. Literary |
| <input type="checkbox"/> 9. Cultural |
| <input type="checkbox"/> 10. Athletic |
| <input type="checkbox"/> 11. Science/Research |
| <input type="checkbox"/> 12. Hospital/Health Care |
| <input type="checkbox"/> 13. Agricultural |
| <input type="checkbox"/> 14. Animal Husbandry |
| <input checked="" type="checkbox"/> 15. Homeowner's Association |
| <input type="checkbox"/> 16. Professional, commercial
industrial or trade association |
| <input type="checkbox"/> 17. Other |

5. CAPITALIZATION: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.

Number of Shares/Certificates Authorized	Class	Series Within Class (if any)

Number of Shares/Certificates Issued	Class	Series Within Class (if any)

6. SHAREHOLDERS: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation.

NONE ☒ Name: _____ Name: _____
 Name: _____ Name: _____

7. OFFICERS (If no changes since last report, check here (4) and go on to Section 8.)

Name: BILL R PREECE JAMES KELLEY	Name: EMILY A PREECE CHERYL JAMES
Title: PRESIDENT/CEO	Title: VICE-PRESIDENT
Address: P O BOX 937 P O BOX 2009 OVERGAARD, AZ 85933 Overgaard, AZ. 85933	Address: P O BOX 937 430 East Hale OVERGAARD, AZ 85933-PHX. AZ. 85203

Date taking office: 09-27-96 8-31-97	Date taking office: 09-27-96 8-31-97
Name: EMILY A PREECE JOANNE GAYAN	Name: EMILY A PREECE ROSEMARIE ELSNER
Title: SECRETARY	Title: TREASURER
Address: P O BOX 937 18407 N. 19th St. OVERGAARD, AZ 85933 PHX., AZ. 85022	Address: P O BOX 937 P.O. Box 55071 OVERGAARD, AZ 85933 PHX., AZ. 85078-5071
Date taking office: 09-27-96 8-31-97	Date taking office: 09-27-96 8-31-97

8. DIRECTORS (If no changes since last report, check here (5) and go on to Section 9.)

Name: BILL R PREECE MILT CHATTERS	Name: SUZANNE EDGARRALPH BALLANTINE
Address: P O BOX 937 P.O. BOX 351 OVERGAARD, AZ 85933 OVERGAARD, AZ. 85933	Address: P O BOX 47761 4107 E. Wildwood Drive PHOENIX, AZ 85068-776 PHX., AZ. 85044
Date taking office: 09-27-96 8-31-97	Date taking office: 09-27-96 8-31-97
Name: EMILY A PREECE TERRY HOLLOW	Name: DAPHNE P OEHRLIN LEE BRYANT
Address: P O BOX 937 501 W. Mountain Vista Dr. OVERGAARD, AZ 85933 PHX., AZ. 85045	Address: 1413 DRY CREEK RD 6945 W. Columbine Dr PHOENIX, AZ 85048 PEORIA, AZ. 85381
Date taking office: 09-27-96 8-31-97	Date taking office: 09-27-96 8-31-97

MARTIN SMITH, 2244 E. Ross Ave.
8-31-97 PHX., AZ. 85024



MOGOLLON ESTATES, INC.
HOMEOWNERS ASSOCIATION
Post Office Box 55071
Phoenix, Arizona 85078-5071



April 13, 1998

State Of Arizona Corporation Commission
Corporation Annual Report & Certificate
of Disclosure
% ANNUAL REPORTS-CORPORATIONS DIVISION
1300 West Washington
Phoenix, Az. 85007-2929

TO WHOM IT MAY CONCERN:

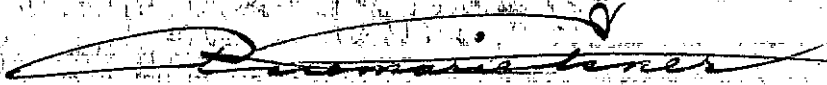
Inception of Mogollon Estates Inc. was 02/14/97.

NET BALANCE AS OF 12/31/97.....\$1,598.53

Assets.....\$1,859.14

Liabilities.....\$ 260.61

Net Balance 12/31/97.....\$1,598.53


Rosemarie Elsner
Treasurer

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-2501.A.6)

Only corporations that meet one or more of the following criteria must **attach** a financial statement (balance sheet including assets, liabilities and equity). The corporation is: 1) a **public service corporation** (e.g., public utility) as defined in Article XV, Section 2, Constitution of Arizona. 2) offers its **stock for sale** in transactions that are not exempt from A.R.S. §§ 44-1841 and 44-1842 as prescribed in §44-1844.A.1 (e.g., publicly traded). 3) a **nonprofit corporation**. All other forms of corporations are exempt from filing a financial disclosure.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-2505.A)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person 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 been:

1. 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. 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. 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 involved the violation of:

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

One box must be marked:

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). | |

11. STATEMENT OF BANKRUPTCY (A.R.S. §10-202.D.2)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation?

One box must be marked:

YES ☐

NO ☒

If YES, enter the following:

Chapter _____ Date Filed _____ Case Number _____

If "YES", the following information must be submitted as an attachment to this report for each person subject to the statement above:

- 1) The names and addresses of each corporation and the person or persons involved.
- 2) The state in which each corporation was a) incorporated b) transacted business.
- 3) The dates of corporate operation.

12. **CAUTION:** Signature requirements vary according to the type of corporation. See the instruction sheet for specific rules. Annual Reports submitted with incorrect signatures will be rejected.

I 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.

I 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.

Name JAMES KELLEY Date 3/14/98 Name JOANNE GAYAN Date 3/23/98

Signature *James L. Kelley* Signature *Joanne Gayan*

Title PRESIDENT Title SECRETARY

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)