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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

(9)

DOCUMENT # PRODUCTION OPERATORS, INC.

FILED Mar 17 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address					
11302 TANNE	r road	PO BOX 40262					
HOUSTON TX 77041-6902		ATTN: TAX DEPT HOUSTON TX 77240-0262					
					DO NOT WRITE IN THIS SPACE		
		US	U\$				
					05/10/1968	•	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	I JA	oplied For
21			26 P O BOX 14484		74-1622039	 '	ot Applicable
Suite, Apt. #, etc.		and the second s	Suite, Apt. #, etc.		14 1022000	60.75	Additional
		<u>├</u>	ten in the second of the secon		Certificate of Status Desired	IAI 7	equired
22							
City & State		City & State	<u> </u>		6. Election Campaign Financing		May Be
23		28 HOUSTON, TX			Trust Fund Contribution	☐ Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid		
24	25		30 USA		Personal Property Tax due June 3] No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THI	E PRENTICE-HALL CORPORAT	TION SYSTEM INC.	81	Name			
1201 HAYS STREET					4 Address (D.O. Boy Number is Not Assessed in		
SUITE 105			82 Street Add		ddress (P.O. Box Number is Not Acceptable)		
			83				
IAL	LLAHASSEE FL 32301		ုိိ				
			84	City		85 Zip	Code
				·,		FL * - *	
11, Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the above	-named cor	rporation submits this statement for the pu	prose of changing i	ts registered
office or re	registered agent, or both, in the Sta	ate of Florida. Such change was a	uthorized by	the corpora	ation's board of directors. I hereby accept	t the appointment as	registered
	on familiar with and appent the abl						
agont. I a	ım familiar with, and accept the obl	inguitoris or, bection cor book, the	rida Statutes	•			
SIGNATURE							
SIGNATURE	Signature typed or printed name of registered a	agent and title if applicable (NOTE	Registered Ager		uired when reinstating)	DATE	
SIGNATURE	Signature typed or printed name of registered of OFFICERS A	agent and title if applicable (NOTE	Registered Ager	nt signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTOR	1S IN 12
SIGNATURE 12. TITLE	Signature typed or printed name of registered OFFICERS A	agent and title if applicable (NOTE	13.	nt signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE HAIRMAN/DIRECTOR	DATE	
SIGNATURE	Signature typed or printed name of registered of OFFICERS A CD KNOBLOCH, C. W. JR.	agent and title if applicable (NOTE	Registered Ager	nt signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTOR	1S IN 12
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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.