

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P03352 (2)
1. Corporation Name
HOUSTON STAFFORD ELECTRIC, INC.



Principal Place of Business 10203 MULA CIRCLE P.O. BOX 947 STAFFORD TX 77497-7947	Mailing Address 10203 MULA CIRCLE P.O. BOX 947 STAFFORD TX 77497-0947
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3. Date Incorporated or Qualified 09/11/1984	3a. Date of Last Report 08/20/1996
4. FEI Number 74-1774028	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature type for printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	DELETE <input type="checkbox"/>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BROWN, ROY D.		1.2 NAME	
STREET ADDRESS 3519 W CREEK CLUB		1.3 STREET ADDRESS	
CITY-ST-ZIP MISSOURI CITY TX		1.4 CITY-ST-ZIP	
TITLE EVP	DELETE <input type="checkbox"/>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MUELLER, BEN L.		2.2 NAME	
STREET ADDRESS 1103 MEADOWLARK LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP SUGAR LAND TX		2.4 CITY-ST-ZIP	
TITLE VP	DELETE <input type="checkbox"/>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME WAGNER, JOHN S		3.2 NAME	
STREET ADDRESS 3831 PLEASANT VALLEY		3.3 STREET ADDRESS	
CITY-ST-ZIP MISSOURI CITY TX		3.4 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Roy D. Brown **ROY D. BROWN - 4/17/97 281-498-2212**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)