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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P03352

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 77497-7947

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 10203 MULA CIRCLE		26 P.O. BOX 947		09/11/1984	
22 STAFFORD, TEXAS		27 STAFFORD, TEXAS		4. FEI Number	
23 77477 FORT BEND		28 77497-0947 FORT BEND		74-1774028	
24		25		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required -	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City	FL	85 Zip Code	

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ROY D.	1.2 NAME	
STREET ADDRESS	3519 W CREEK CLUB	1.3 STREET ADDRESS	12955 GUBBELS ROAD
CITY-ST-ZIP	MISSOURI CITY TX	1.4 CITY-ST-ZIP	THOMPSONS, TEXAS 77481
TITLE	EVP <input type="checkbox"/> DELETE	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	EVP <input type="checkbox"/> DELETE	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	VTSC <input type="checkbox"/> DELETE	4.1 TITLE	VP, SEC., TREAS., CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKS, WILLIAM E.	4.2 NAME	
STREET ADDRESS	2426 WEATHERFORD DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEARLAND TX 77584	4.4 CITY-ST-ZIP	
TITLE	VPGM <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCHAL III, JOHN W.D.	5.2 NAME	
STREET ADDRESS	1515 QUIET TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUGAR LAND TX 77479	5.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLOCK, JON	6.2 NAME	
STREET ADDRESS	518 PINE SHADOWS	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77056	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: WILLIAM E. WILKS 1/21/99 281-498-2212  
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)