


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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90056 018 ***158.75

0559082

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 329936
 1. Corporation Name
PRODUCTION OPERATORS, INC.

Principal Place of Business 11302 TANNER ROAD HOUSTON TX 77041-6902	Mailing Address P.O. BOX 14484 ATTN: TAX DEPARTMENT HOUSTON TX 77221-4484 US
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/10/1968	4. FEI Number 74-1622039	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	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	
City & State 23	City & State 28	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Zip 24	Country 25	Zip 29	Country 30	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324		10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD <input checked="" type="checkbox"/> DELETE	NAME NICHOLSON, GARY D.	1.1 TITLE CHAIRMAN DIRECTOR / VICE PRESIDENT & TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME BRUCE F. LONGAKER
STREET ADDRESS 7030 ARMORE STREET	CITY-ST-ZIP HOUSTON TX 77056	1.3 STREET ADDRESS 7030 ARMORE STREET	1.4 CITY-ST-ZIP HOUSTON, TX 77054-2302
TITLE P <input type="checkbox"/> DELETE	NAME OGREN, D. JOHN	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME
STREET ADDRESS 11302 TANNER RD	CITY-ST-ZIP HOUSTON TX	2.3 STREET ADDRESS 7030 ARMORE STREET	2.4 CITY-ST-ZIP HOUSTON, TX 77054-2302
TITLE V <input type="checkbox"/> DELETE	NAME RICHARDS, A	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME ALLAN R. RICHARDS
STREET ADDRESS 11302 TANNER RD	CITY-ST-ZIP HOUSTON TX	3.3 STREET ADDRESS 7030 ARMORE STREET	3.4 CITY-ST-ZIP HOUSTON, TX 77054-2302
TITLE VP <input type="checkbox"/> DELETE	NAME REINHART, T.R.	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME
STREET ADDRESS 11302 TANNER RD	CITY-ST-ZIP HOUSTON TX	4.3 STREET ADDRESS 7030 ARMORE STREET	4.4 CITY-ST-ZIP HOUSTON, TX 77054-2302
TITLE VPT <input checked="" type="checkbox"/> DELETE	NAME YATES, HERBERT S.	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	5.2 NAME T. E. MAYS
STREET ADDRESS 7030 ARMORE STREET	CITY-ST-ZIP HOUSTON TX 77056	5.3 STREET ADDRESS 7030 ARMORE STREET	5.4 CITY-ST-ZIP HOUSTON, TX 77054-2302
TITLE VPS <input checked="" type="checkbox"/> DELETE	NAME RANDALL, RONALD R.	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	6.2 NAME LIAS J. STEEN
STREET ADDRESS 7030 ARMORE STREET	CITY-ST-ZIP HOUSTON TX 77056	6.3 STREET ADDRESS 7030 ARMORE STREET	6.4 CITY-ST-ZIP HOUSTON, TX 77054-2302

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. CRRR #Z 700 615 546

SIGNATURE: T. E. MAYS ASSISTANT TREASURER JANUARY 21, 1999 (713) 749 - 5652
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)