

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 13 1996 8:00 am
Secretary of State

DOCUMENT # **329936** (9)

1. Corporation Name

PRODUCTION OPERATORS, INC.



Principal Place of Business

11302 TANNER ROAD
HOUSTON TX 77041-6902

Mailing Address

PO BOX 40262
ATTN: TAX DEPT
HOUSTON TX 77240-0262
US

3. Date Incorporated or Qualified
05/10/1968

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

74-1622039

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	KNOBLOCH, C. W. JR.	
STREET ADDRESS	3565 PIEDMONT RD #515	
CITY- ST- ZIP	ATLANTA GA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	OGREN, D. JOHN	
STREET ADDRESS	11302 TANNER RD	
CITY- ST- ZIP	HOUSTON TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RICHARDS, A	
STREET ADDRESS	11302 TANNER RD	
CITY- ST- ZIP	HOUSTON TX	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	REINHART, T.R.	
STREET ADDRESS	11302 TANNER RD	
CITY- ST- ZIP	HOUSTON TX	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	ROBINSON, WM. S.	
STREET ADDRESS	11302 TANNER RD	
CITY- ST- ZIP	HOUSTON TX	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROBINSON, WM. S.	
STREET ADDRESS	11302 TANNER RD	
CITY- ST- ZIP	HOUSTON TX	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Wm S Robinson Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96 (713) 896-2547
Date Daytime Phone #

CR2E034 (12/95)