

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90143 050 ***150.00

DOCUMENT # **835221**

1. Corporation Name

MMI PRODUCTS, INC.

Principal Place of Business

**515 W. GREENS RD. SUITE 710
HOUSTON TX 77067-4525**

Mailing Address

**515 W. GREENS RD. SUITE 710
HOUSTON TX 77067-4525**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1975

4. FEI Number

74-1622891

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip **25** Country

29 Zip **30** Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURNS, JULIUS S	
STREET ADDRESS	515 W GREENS RD STE 710	
CITY-ST-ZIP	HOUSTON TX 77090	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	LIGHT, MARTIN E.	
STREET ADDRESS	515 W GREENS RD S-710	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	TENCZAR, ROBERT N	
STREET ADDRESS	515 W GREENS RD S-710	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLONKVIST, CARL	
STREET ADDRESS	5121 TANBARK STREET	
CITY-ST-ZIP	DALLAS TX 75229	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCCALL, JAMES M.	
STREET ADDRESS	515 GREENS RD STE. 710	
CITY-ST-ZIP	HOUSTON TX	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	AMOS, JOHN	
STREET ADDRESS	12482 E PUTNAM STREET	
CITY-ST-ZIP	WHITTIER CA	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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:

Martin E. Light

Martin E. Light

01/28/1999

(281)876-0080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)