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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

DOCUMENT # F93000001051 (2)

1. Corporation Name

BERCO SERVICES, INC.



Principal Place of Business

9800 CENTRE PARKWAY
SUITE 850
HOUSTON TX 77036

Mailing Address

9800 CENTRE PARKWAY
SUITE 850
HOUSTON TX 77036-8223

3. Date Incorporated or Qualified

02/25/1993

3a. Date of Last Report

04/30/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

76-0383814

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

C T CORPORATION SYSTEM
1200 S. 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

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	DCT	<input type="checkbox"/> DELETE
NAME	BAKER, LARRY JR.	
STREET ADDRESS	9800 CENTRE PKWY., STE. 850	
CITY - ST - ZIP	HOUSTON TX 77036	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAKER, LARRY SR.	
STREET ADDRESS	9800 CENTRE PKWY., STE. 850	
CITY - ST - ZIP	HOUSTON TX 77036	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BAKER, RUSSELL	
STREET ADDRESS	9800 CENTRE PKWY., STE. 850	
CITY - ST - ZIP	HOUSTON TX 77036	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GREER, B. J.	
STREET ADDRESS	9800 CENTRE PKWY., STE. 850	
CITY - ST - ZIP	HOUSTON TX 77036	
TITLE	S	<input type="checkbox"/> DELETE
NAME	POWELL, TOM	
STREET ADDRESS	9800 CENTRE PKWY., STE. 850	
CITY - ST - ZIP	HOUSTON TX 77036	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 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:

Thomas A Powell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

(713)220-5174

Date

Daytime Phone #

CR2E034 (9/96)